

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) PO Box 70980
 Check if different than previously reported. (ACC)
Washington DC 20024

2. **FEC IDENTIFICATION NUMBER** C00394163
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 07 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer John Richardson

Signature of Treasurer Electronically Filed by John Richardson Date 06 28 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	X	Y	Y	Y	2	0	0	8		190176.06
X	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	64259.36									
(c) Total Receipts (from Line 19)	0.00	37350.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64259.36	227526.06								
7. Total Disbursements (from Line 31)	26048.92	189315.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38210.44	38210.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	35100.00
(ii) Unitemized	0.00	2250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	37350.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	37350.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	37350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	37350.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	48.92	315.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	48.92	315.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	25000.00	188000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26048.92	189315.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26048.92	189315.62

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	37350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	37350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48.92	315.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48.92	315.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 16

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank

Mailing Address P.O. Box 5128

City State Zip Code
Sioux Falls SD 57117-5128

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5895

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

48.92

SUBTOTAL of Disbursements This Page (optional)

48.92

TOTAL This Period (last page this line number only)

48.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.5934
	Mailing Address P. O. Box 17813	Date of Disbursement MM / DD / YYYY 07 / 31 / 2008
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name ERIC CANTOR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS	Transaction ID: SB23.5884
	Mailing Address PO Box 442	Date of Disbursement MM / DD / YYYY 07 / 08 / 2008
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name CHARLES W DENT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF WISCONSIN	Transaction ID: SB23.5882
	Mailing Address 222 W. Washington Avenue Suite 150	Date of Disbursement MM / DD / YYYY 07 / 02 / 2008
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: SB23.5899 Date of Disbursement
	Mailing Address 25 East Main Street, Suite 200	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: SB23.5924 Date of Disbursement
	Mailing Address 25 East Main Street, Suite 200	<input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.5881 Date of Disbursement
	Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name T. TIMOTHY HOLDEN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO Mailing Address 6896 CASPER MOUNTAIN RD City CASPER State WY Zip Code 82601 Purpose of Disbursement Contribution Candidate Name JOHN A BARRASSO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	Transaction ID: SB23.5923 Date of Disbursement 07 / 24 / 2008 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS Mailing Address PO Box 12886 City Tucson State AZ Zip Code 85732 Purpose of Disbursement Contribution Candidate Name GABRIELLE GIFFORDS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 08	Transaction ID: SB23.5885 Date of Disbursement 07 / 08 / 2008 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE Mailing Address PO Box 87 City Uwchland State PA Zip Code 19480 Purpose of Disbursement Contribution Candidate Name JIM GERLACH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	Transaction ID: SB23.5886 Date of Disbursement 07 / 09 / 2008 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Contribution

Candidate Name
PAT ROBERTS

Office Sought: House
 Senate
 President

State: KS District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5931

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

Category/
Type

B. Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address PO BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
Contribution

Candidate Name
THOMAS EDMUNDS PRICE, MD

Office Sought: House
 Senate
 President

State: GA District: 06

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5893

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

2500.00

Category/
Type

C. Full Name (Last, First, Middle Initial)
ROAD TO SENATE VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
See Memo Below

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5905

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement Contribution

Candidate Name ELIZABETH DOLE

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: NC District:

Transaction ID: SB23.5905.0
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PEOPLE FOR PEARCE

Mailing Address PO BOX 2696

City HOBBS State NM Zip Code 88240

Purpose of Disbursement Contribution

Candidate Name STEVE PEARCE

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: NM District:

Transaction ID: SB23.5905.1
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BOB SCHAFFER FOR US SENATE

Mailing Address PO BOX 102135

City DENVER State CO Zip Code 80250

Purpose of Disbursement Contribution

Candidate Name ROBERT W SCHAFFER

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: CO District:

Transaction ID: SB23.5905.2
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) WICKER FOR SENATE</p> <p>Mailing Address PO BOX 64</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROGER F WICKER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5905.3 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) ROAD TO SENATE VICTORY COMMITTEE</p> <p>Mailing Address 228 S WASHINGTON STREET SUITE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement See Memo Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5925 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE INC</p> <p>Mailing Address PO BOX 2918</p> <p>City RALEIGH State NC Zip Code 27602</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ELIZABETH DOLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5925.0 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) PEOPLE FOR PEARCE</p> <p>Mailing Address PO BOX 2696</p> <p>City HOBBS State NM Zip Code 88240</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STEVE PEARCE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5925.1 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) BOB SCHAFFER FOR US SENATE</p> <p>Mailing Address PO BOX 102135</p> <p>City DENVER State CO Zip Code 80250</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROBERT W SCHAFFER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5925.2 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) WICKER FOR SENATE</p> <p>Mailing Address PO BOX 64</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROGER F WICKER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5925.3 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) SENATE CONSERVATIVES FUND Mailing Address 228 S. Washington St., Ste. 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5921 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS Mailing Address PO Box 24551 City Pttsburgh State PA Zip Code 15234 Purpose of Disbursement Contribution Candidate Name TIM MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5887 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO Mailing Address PO BOX 40158 City DENVER State CO Zip Code 80204 Purpose of Disbursement Contribution Candidate Name MARK E. UDALL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5920 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
UPTON FOR ALL OF US

Transaction ID: SB23.5896

Date of Disbursement

Mailing Address PO Box 490

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

City State Zip Code
St. Joseph MI 49085

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
FREDERICK STEPHEN UPTON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 06

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Washington Literacy Council

Transaction ID: SB29.5891

Date of Disbursement

Mailing Address 1918 18th Street, NW
Suite B2

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	8

City Washington State DC Zip Code 20009

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Donation

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

1000.00
