

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.   
Physician Hospitals of America Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** ▼  **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲  
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 Year-End 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 (12S)  
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  /  /  through  /  /

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 John Richardson [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Physician Hospitals of America Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		21776.18
(b) Cash on Hand at Beginning of Reporting Period.....	35159.49	
(c) Total Receipts (from Line 19) .....	5000.00	44550.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40159.49	66326.18
7. Total Disbursements (from Line 31).....	8030.00	34196.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32129.49	32129.49
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	5000.00	35550.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000.00	35550.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5000.00	44550.00
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 Transfers (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))..... ▶	5000.00	44550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5000.00	44550.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	30.00	185.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30.00	185.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	31500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	2511.38
(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	2511.38
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	8030.00	34196.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8030.00	34196.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	5000.00	44550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2511.38
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	42038.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	30.00	185.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30.00	185.31

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**

Full Name (Last, First, Middle Initial)  
**A. Kansas City Orthopaedic Center of Excellence LLC**

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211-1910
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
07 / 09 / 2012  
**Transaction ID : C6539685**

Amount of Each Receipt this Period  
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)  
**B. Timothy M. Badwey MD**

Mailing Address 3651 College Blvd

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
07 / 09 / 2012  
**Transaction ID : C6539691**

Amount of Each Receipt this Period  
278.00

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)  
**C. Cris D Barnhouse MD**

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic & Sports Med Clinic of KC	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
07 / 09 / 2012  
**Transaction ID : C6539699**

Amount of Each Receipt this Period  
278.00

[MEMO ITEM]  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Mark Bernhardt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Surgeon
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

**Transaction ID : C6539690**

Amount of Each Receipt this Period  
278.00

**[MEMO ITEM]**  
\*

**B. Stanley A Bowling MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

**Transaction ID : C6539700**

Amount of Each Receipt this Period  
278.00

**[MEMO ITEM]**  
\*

**C. Jon E. Browne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Sports Med. Clinic	Occupation Orthopedic Surgeon
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2012

**Transaction ID : C6539696**

Amount of Each Receipt this Period  
278.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Scott M Cook MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood State KS Zip Code 66211

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas City Orthopaedic Institute Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : C6539704**

Amount of Each Receipt this Period  
 278.00

**[MEMO ITEM]**  
\*

**B. Brian J Divelbiss MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood State KS Zip Code 66211

FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : C6539701**

Amount of Each Receipt this Period  
 278.00

**[MEMO ITEM]**  
\*

**C. Constantine Lan Fotopoulos MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood State KS Zip Code 66211

FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : C6539703**

Amount of Each Receipt this Period  
 278.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Robert C Gardiner MD</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2012
Mailing Address 3651 College Blvd		<b>Transaction ID : C6539692</b>
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 278.00	
Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician	<b>[MEMO ITEM]</b> *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00	

Full Name (Last, First, Middle Initial) <b>B. Danny M. Gurba MD</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2012
Mailing Address 3651 College Blvd.		<b>Transaction ID : C6539688</b>
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 278.00	
Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician	<b>[MEMO ITEM]</b> *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00	

Full Name (Last, First, Middle Initial) <b>C. Lowry Jones Jr., MD</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2012
Mailing Address 3651 College Blvd.		<b>Transaction ID : C6539693</b>
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 278.00	
Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician	<b>[MEMO ITEM]</b> *
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Steven T Joyce MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		09		2012

**Transaction ID : C6539698**

Amount of Each Receipt this Period  
278.00

**[MEMO ITEM]**  
\*

**B. Thomas P Phillips MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.50

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		09		2012

**Transaction ID : C6539689**

Amount of Each Receipt this Period  
208.50

**[MEMO ITEM]**  
\*

**C. Mark Rasmussen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic & Sports Medicine	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		09		2012

**Transaction ID : C6539695**

Amount of Each Receipt this Period  
278.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. T.J. Rasmussen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 07 / 09 / 2012  
**Transaction ID : C6539694**  
 Amount of Each Receipt this Period 278.00  
**[MEMO ITEM]**  
 \*

**B. Charles E. Rhoades MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 07 / 09 / 2012  
**Transaction ID : C6539687**  
 Amount of Each Receipt this Period 278.00  
**[MEMO ITEM]**  
 \*

**C. Andrew R Scott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt 07 / 09 / 2012  
**Transaction ID : C6539697**  
 Amount of Each Receipt this Period 278.00  
**[MEMO ITEM]**  
 \*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel A Stechschulte Jr., MD**

Mailing Address 3651 College Blvd.

City Leawood State KS Zip Code 66211

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas City Orthopaedic Institute Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
278.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : C6539702**

Amount of Each Receipt this Period  
278.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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)

<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

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**

Full Name (Last, First, Middle Initial)

**A. CANSECO FOR CONGRESS**

Mailing Address 10004 WURZBACH ROAD #366

City State Zip Code  
SAN ANTONIO TX 78230

Purpose of Disbursement  
Contribution

Candidate Name

**FRANCISCO RAUL QUIC CANSECO**

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : **D457912**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. THE CONGRESSMAN JOE BARTON COMMITTEE**

Mailing Address PO Box 1444

City State Zip Code  
Ennis TX 75120-1444

Purpose of Disbursement  
Contribution

Candidate Name

**JOE LINUS BARTON**

Office Sought:  House  
 Senate  
 President  
State: TX District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : **D457911**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. DIANE BLACK FOR CONGRESS**

Mailing Address PO Box 1437

City State Zip Code  
Gallatin TN 37066-1437

Purpose of Disbursement  
Contribution

Candidate Name

**DIANE L. BLACK**

Office Sought:  House  
 Senate  
 President  
State: TN District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2012

Transaction ID : **D457910**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**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**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DOC HASTINGS**

Mailing Address PO Box 2926

City Pasco State WA Zip Code 99302

Purpose of Disbursement  
Contribution

Candidate Name

**DOC HASTINGS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

**Transaction ID : D457914**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)**

Mailing Address 7804 EVENING LANE

City ALEXANDRIA State VA Zip Code 22306

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

**Transaction ID : D457913**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3500.00
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8000.00
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