

# 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)  Check if different than previously reported. (ACC)

PO Box 70980  
Washington DC 20024

2. **FEC IDENTIFICATION NUMBER**  CITY STATE ZIPCODE

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input checked="" type="checkbox"/> 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    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 Electronically Filed by John Richardson 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.

Office Use Only											<b>FEC FORM 3X</b> (Rev. 12/2004)
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**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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

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 .....	122461.41									
(c) Total Receipts (from Line 19) .....	11360.00	218082.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	133821.41	408258.41								
7. Total Disbursements (from Line 31) .....	7000.00	281437.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	126821.41	126821.41								
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: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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) .....	6660.00	206039.54
(ii) Unitemized .....	700.00	4785.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7360.00	210824.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	4000.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11360.00	214824.58
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	757.77
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
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)) .....	11360.00	218082.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11360.00	218082.35

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.....	0.00	757.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	757.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7000.00	274500.00
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	5179.23
(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	5179.23
29. Other Disbursements.....	0.00	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))..	7000.00	281437.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	281437.00

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) .....	11360.00	214824.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5179.23
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11360.00	209645.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	757.77
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	757.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11  
(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

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)  
James D. Billie

Mailing Address 5201 Northshore Drive

City State Zip Code  
North Little Rock AR 72118

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

Name of Employer Occupation  
Arkansas Surgical Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.6323

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Luke Corsten

Mailing Address 10105 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70810

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

Name of Employer Occupation  
Neuromedical Center Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6315

Amount of Each Receipt this Period  
850.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Shawn Dunn

Mailing Address 10112 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70817

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

Name of Employer Occupation  
Neuromedical Center Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6313

Amount of Each Receipt this Period  
310.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1660.00**

**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 7 / 11  
(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.** Full Name (Last, First, Middle Initial)  
Thomas Flynn

Mailing Address 10106 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70811

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

Name of Employer: Neuromedical Center Clinic   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 25 / 2008  
Transaction ID: SA11AI.6316  
Amount of Each Receipt this Period: 1000.00  
Contribution

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

Mailing Address 10113 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70818

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

Name of Employer: Neuromedical Center Clinic   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 25 / 2008  
Transaction ID: SA11AI.6314  
Amount of Each Receipt this Period: 400.00  
Contribution

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

Mailing Address 10114 Park Rowe Circle

City State Zip Code  
Baton Rouge LA 70819

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

Name of Employer: Neuromedical Center Clinic   Occupation: Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 25 / 2008  
Transaction ID: SA11AI.6311  
Amount of Each Receipt this Period: 300.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**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 8 / 11

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jyoti Pham		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 10115 Park Rowe Circle		<b>Transaction ID:</b> SA11AI.6312
	City Baton Rouge	State LA	Zip Code 70820
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Neuromedical Center Clinic	Occupation Physician	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
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<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly Scrantz		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 10108 Park Rowe Circle		<b>Transaction ID:</b> SA11AI.6317
	City Baton Rouge	State LA	Zip Code 70813
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Neuromedical Center Clinic	Occupation Physician	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Tommy Spinosa		Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 10111 Park Rowe Circle		<b>Transaction ID:</b> SA11AI.6318
	City Baton Rouge	State LA	Zip Code 70816
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Neuromedical Center Clinic	Occupation Physician	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<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 9 / 11	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Waguespack		Date of Receipt	
	Mailing Address 10110 Park Rowe Circle		M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6319
	Baton Rouge	LA	70815	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer Neuromedical Center Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6660.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 11

(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.** Full Name (Last, First, Middle Initial)  
TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC

Mailing Address 120 WILLIAM PENN PLAZA

City State Zip Code  
DURHAM NC 27704

FEC ID number of contributing federal political committee. **C** C00418582

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11C.6327

Amount of Each Receipt this Period  
4000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	4000.00

# 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

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

A.	Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM	Transaction ID: SB23.6280
	Mailing Address P.O.Box 2106	Date of Disbursement MM / DD / YYYY 12 / 15 / 2008
	City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution - Debt Retirement	Category/ Type
	Candidate Name BOBBY NEAL BRIGHT, Sr.	
	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: AL District: 02	

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR BUNNING	Transaction ID: SB23.6285
	Mailing Address 1717 DIXIE HIGHWAY SUITE 180	Date of Disbursement MM / DD / YYYY 12 / 04 / 2008
	City FT WRIGHT State KY Zip Code 41011	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name JIM BUNNING	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District:	

C.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.6288
	Mailing Address 100 WEST LAWRENCE STREET	Date of Disbursement MM / DD / YYYY 12 / 08 / 2008
	City APPLETON State WI Zip Code 54911	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name STEVEN LESLIE KAGEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	7000.00