

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. 12FE4M5 Physician Hospitals of America Political Action Committee

ADDRESS (number and street) 2025 M STREET NW SUITE 800 WASHINGTON DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00394163 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08/01/2017 through 08/31/2017

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

Signature of Treasurer Richardson, John, , , [Electronically Filed] Date 09/15/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2017"/>	<input type="text" value=""/>	<input type="text" value="10958.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27350.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19500.00"/>	<input type="text" value="54250.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="46850.39"/>	<input type="text" value="65208.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30.00"/>	<input type="text" value="18388.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46820.39"/>	<input type="text" value="46820.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	19500.00	54250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19500.00	54250.00
(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)	19500.00	54250.00
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)).....▶	19500.00	54250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19500.00	54250.00

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	388.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30.00	388.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	13000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	5000.00
(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	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	30.00	18388.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30.00	18388.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	19500.00	54250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19500.00	49250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30.00	388.50
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	388.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. Coscia, Michael, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979445
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Crichlow, Renn, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979446
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Dietz, John, W., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979447
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
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: (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. Farr, Jack, , II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2017

Transaction ID : C8979448

Amount of Each Receipt this Period

1000.00

 Memo Item

B. Fisher, David, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2017

Transaction ID : C8979449

Amount of Each Receipt this Period

250.00

 Memo Item

C. Gudeman, Scott, D., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2017

Transaction ID : C8979450

Amount of Each Receipt this Period

1000.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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: (check only one)	PAGE 8 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. Hellman, Edward, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979451
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kaehr, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979452
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kendall, Corey, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979453
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: (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

A. Lavery, Matthew, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979454
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Maar, Dean, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979455
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Schwartz, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979456
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: (check only one)	PAGE 10 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. Soldatis, Jeffrey, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : C8979457

Amount of Each Receipt this Period
1000.00

Memo Item

B. Thieken, Michael, T., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : C8979458

Amount of Each Receipt this Period
500.00

Memo Item

C. Weber, Timothy, G., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : C8979459

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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: (check only one)	PAGE 11 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. Woo, Thomas, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : C8979460
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lincoln Surgery Center, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 S. 70th St.
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2017
Transaction ID : C8981073
 Amount of Each Receipt this Period 5000.00
 Memo Item
 LLC - Members below if itemized. Permissible funds.

C. Linder, Max, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 South 70th Street
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eye Surgical Associates Occupation (for Individual) Physican
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 419.99

Date of Receipt 08 / 31 / 2017
Transaction ID : C8981119
 Amount of Each Receipt this Period 419.99
 Memo Item
 *

SUBTOTAL of Receipts This Page (optional).....	6000.00
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: (check only one)	PAGE 12 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. Sutton, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 South 70th Street
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eye Surgical Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 699.14

Date of Receipt 08 / 31 / 2017
Transaction ID : C8981117
 Amount of Each Receipt this Period 699.14
 Memo Item
 *

B. Sutton, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 S. 70th St.
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 699.14

Date of Receipt 08 / 31 / 2017
Transaction ID : C8981118
 Amount of Each Receipt this Period 699.14
 Memo Item
 *

C. Sutton, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 South 70th Street
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eye Surgical Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 699.14

Date of Receipt 08 / 31 / 2017
Transaction ID : C8981116
 Amount of Each Receipt this Period 699.14
 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 13 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, Larry, , ,

Mailing Address **1710 South 70th Street**

City **Lincoln** State **NE** Zip Code **68506**

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

Name of Employer (for Individual) **Eye Surgical Associates** Occupation (for Individual) **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.55**

Date of Receipt
08 / 31 / 2017

Transaction ID : C8981120

Amount of Each Receipt this Period
291.55

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	19500.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Paypal Inc.

Mailing Address 2211 N 1st St

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 01 / 2017

FEC Identification Number

C

Transaction ID : D604262

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

30.00

30.00