

**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="2011"/>		21374.71
(b) Cash on Hand at Beginning of Reporting Period.....	21374.71	
(c) Total Receipts (from Line 19)	57300.00	57300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78674.71	78674.71
7. Total Disbursements (from Line 31).....	66687.23	66687.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11987.48	11987.48
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).....	47300.00	47300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47300.00	47300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	52300.00	52300.00
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.....	5000.00	5000.00
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))..... ▶	57300.00	57300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57300.00	57300.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	43000.00
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	23687.23	23687.23
(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)).....	23687.23	23687.23
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)) ..	66687.23	66687.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66687.23	66687.23

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)	52300.00	52300.00
34. Total Contribution Refunds (from Line 28(d))	23687.23	23687.23
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28612.77	28612.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
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: (check only one)	PAGE 6 OF 43
	<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	

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. Timothy M. Dettmer MD
Full Name (Last, First, Middle Initial)
Mailing Address 662 E State St
City Mason City State IA Zip Code 50401-4171
FEC ID number of contributing federal political committee. **C**
Name of Employer Mason City Clinic Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 02 / 2011**
Transaction ID : C5407842
Amount of Each Receipt this Period **250.00**

B. John W. Dietz Jr., MD
Full Name (Last, First, Middle Initial)
Mailing Address 1212 Emerald Viking Ct
City Westfield State IN Zip Code 46074-7621
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana Orthopaedic Hospital Occupation Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : C5514418
Amount of Each Receipt this Period **1000.00**

C. Indiana Orthopaedic Hospital
Full Name (Last, First, Middle Initial)
Mailing Address 8400 Northwest Blvd
City Indianapolis State IN Zip Code 46278-1381
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 03 / 2011**
Transaction ID : C5482076
Amount of Each Receipt this Period **5000.00**
Partnership Contribution/ No Partner Reaches Itemization

SUBTOTAL of Receipts This Page (optional)..... **6250.00**
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 43
	<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. Laura J.R. Larsen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 W Lantana Cir
 City State Zip Code
 Sioux Falls SD 57108-2848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Midwest Ear Nose & Throat Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2011
Transaction ID : C5480582
 Amount of Each Receipt this Period
 4000.00

B. Thomas Mallon
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Westbrook Corporate Ctr Ste 440
 City State Zip Code
 Westchester IL 60154-5735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Regent Surgical Health CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : C5514420
 Amount of Each Receipt this Period
 2000.00

C. Scott Morstad
 Full Name (Last, First, Middle Initial)
 Mailing Address 7500 S High Cross Trl
 City State Zip Code
 Sioux Falls SD 57108-3354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sioux Falls Specialty Hospital CFO
 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
 03 / 25 / 2011
Transaction ID : C5480585
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Oklahoma Heart Hospital

Mailing Address 4050 W Memorial Rd

City Oklahoma City State OK Zip Code 73120-8382

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2011
Transaction ID : C5482052

Amount of Each Receipt this Period
 4800.00

Partnership Contribution/ No Partner Reaches Itemization

Full Name (Last, First, Middle Initial)
B. Physicians & Investors LLC

Mailing Address 454 Upper Mill Heights Dr

City Salina State KS Zip Code 67401-3357

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2011
Transaction ID : C5482048

Amount of Each Receipt this Period
 5000.00

Partnership Contribution/ No Partner Reaches Itemization

Full Name (Last, First, Middle Initial)
C. Eric J. Potthoff MD

Mailing Address PO Box 1815
250 South Crescent

City Mason City State IA Zip Code 50402-1815

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

Name of Employer Occupation
Mason City Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2011
Transaction ID : C5480589

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10050.00

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 9 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Hooman Sedighi MD

Mailing Address 13213 Glad Acres Dr

City Farmer's Ranch State TX Zip Code 75234-5202

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

Name of Employer Global Rehab Occupation Physician/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **969.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2011

Transaction ID : C5482071

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Texas Spine & Joint Hospital

Mailing Address 1814 Roseland Blvd

City Tyler State TX Zip Code 75701-4234

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2011

Transaction ID : C5514419

Amount of Each Receipt this Period
2500.00

Partnership Contribution/ No Partner Reaches Itemization

Full Name (Last, First, Middle Initial)
C. Kansas City Orthopaedic Institute

Mailing Address 3651 College Blvd

City Leawood State KS Zip Code 66211-1910

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2011

Transaction ID : C5480578

Amount of Each Receipt this Period
5000.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ▶ **8000.00**

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 10 OF 43
(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. Timothy M. Badwey 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 ▼ 277.78

Date of Receipt 03 / 18 / 2011
Transaction ID : C6160585
 Amount of Each Receipt this Period 277.78
[MEMO ITEM]
 *

B. Cris D Barnhouse MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3651 College Blvd. Suite 100A
 City Leawood State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Sports Medicine Clinic O Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.78

Date of Receipt 03 / 18 / 2011
Transaction ID : C6160595
 Amount of Each Receipt this Period 277.78
[MEMO ITEM]
 *

C. Mark Bernhardt 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 Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.78

Date of Receipt 03 / 18 / 2011
Transaction ID : C6160587
 Amount of Each Receipt this Period 277.78
[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: (check only one)	PAGE 11 OF 43
<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. Stanley A Bowling 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 **277.78**

Date of Receipt: 03 / 18 / 2011
Transaction ID : C6160601
 Amount of Each Receipt this Period: **277.78**
[MEMO ITEM]
 *

B. Jon E. Browne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11416 High Drive
 City Leawood State KS Zip Code 66211
 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 **277.78**

Date of Receipt: 03 / 18 / 2011
Transaction ID : C6160592
 Amount of Each Receipt this Period: **277.78**
[MEMO ITEM]
 *

C. 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 **277.77**

Date of Receipt: 03 / 18 / 2011
Transaction ID : C6160604
 Amount of Each Receipt this Period: **277.77**
[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 43
(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

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

Mailing Address 4520 West 140th St.

City State Zip Code
 Leawood KS 66224

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

Name of Employer Occupation
 Dickson-Dively Midwest Orthop. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 277.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2011

Transaction ID : C6160603

Amount of Each Receipt this Period
 277.77

[MEMO ITEM]
 *

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

Mailing Address 14070 West 148th Street

City State Zip Code
 Leawood KS 66224

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

Name of Employer Occupation
 Dickson-Diveley Midwest Orthopaedic Cl Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 277.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2011

Transaction ID : C6160608

Amount of Each Receipt this Period
 277.77

[MEMO ITEM]
 *

Full Name (Last, First, Middle Initial)
C. Robert C Gardiner MD

Mailing Address 3651 College Blvd

City State Zip Code
 Leawood KS 66211

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

Name of Employer Occupation
 Dickson-Dively Midwest Orthop. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 277.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2011

Transaction ID : C6160588

Amount of Each Receipt this Period
 277.78

[MEMO ITEM]
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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 43
(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. Danny M. Gurba 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 Occupation
 Dickson-Dively Midwest Orthop. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 277.78

Date of Receipt
 03 / 18 / 2011
Transaction ID : C6160581
 Amount of Each Receipt this Period
 277.78
[MEMO ITEM]
 *

B. Lowry Jones Jr., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 West 140th Street
 City Leawood State KS Zip Code 66224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dickson-Dively Midwest Orthop. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 277.78

Date of Receipt
 03 / 18 / 2011
Transaction ID : C6160589
 Amount of Each Receipt this Period
 277.78
[MEMO ITEM]
 *

C. Steven T Joyce 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 Occupation
 Dickson-Dively Midwest Orthop. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 277.78

Date of Receipt
 03 / 18 / 2011
Transaction ID : C6160590
 Amount of Each Receipt this Period
 277.78
[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: (check only one)	PAGE 14 OF 43
<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. Thomas P Phillips 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 ▼ **277.78**

Date of Receipt: **03 / 18 / 2011**

Transaction ID : C6160584

Amount of Each Receipt this Period: **277.78**

[MEMO ITEM]
*

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

Mailing Address 3651 College Blvd. Suite 100A

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 ▼ **277.78**

Date of Receipt: **03 / 18 / 2011**

Transaction ID : C6160599

Amount of Each Receipt this Period: **277.78**

[MEMO ITEM]
*

C. T.J. Rasmussen MD
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd. Suite 100A

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 ▼ **277.78**

Date of Receipt: **03 / 18 / 2011**

Transaction ID : C6160596

Amount of Each Receipt this Period: **277.78**

[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: (check only one)	PAGE 15 OF 43
<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. 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 ▼ 277.78

Date of Receipt 03 / 18 / 2011
Transaction ID : C6160578
 Amount of Each Receipt this Period 277.78
[MEMO ITEM]
 *

B. Andrew R Scott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4009 West 123rd Street
 City Leawood State KS Zip Code 66209
 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 ▼ 277.78

Date of Receipt 03 / 18 / 2011
Transaction ID : C6160593
 Amount of Each Receipt this Period 277.78
[MEMO ITEM]
 *

C. Daniel A Stechschulte Jr., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10400 Mohawk Lane
 City Leawood State KS Zip Code 66206
 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 ▼ 277.77

Date of Receipt 03 / 18 / 2011
Transaction ID : C6160602
 Amount of Each Receipt this Period 277.77
[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: (check only one)	PAGE 16 OF 43
<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. Manhattan Surgical Hospital
 Full Name (Last, First, Middle Initial)
 Mailing Address 1829 College Avenue
 City Manhattan State KS Zip Code 66502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 01 / 06 / 2011
Transaction ID : C5482046
 Amount of Each Receipt this Period
 5000.00
 PARTNERSHIP--partners below if itemized

B. David C. Ayers
 Full Name (Last, First, Middle Initial)
 Mailing Address 11326 West 141st Street
 City Overland Park State KS Zip Code 66221-8206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nueterra Holdings, LLC CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 837.50

Date of Receipt
 01 / 06 / 2011
Transaction ID : C5514461
 Amount of Each Receipt this Period
 212.50
 [MEMO ITEM]
 *

C. Denise Mayhew
 Full Name (Last, First, Middle Initial)
 Mailing Address 11221 Roe Avenue Suite 320
 City Leawood State KS Zip Code 66211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nueterra Holdings, LLC Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1564.32

Date of Receipt
 01 / 06 / 2011
Transaction ID : C5514456
 Amount of Each Receipt this Period
 939.32
 [MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 17 OF 43
<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. Daniel Saale
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation Executive VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **837.50**

Date of Receipt
01 / 06 / 2011
Transaction ID : C5514457

Amount of Each Receipt this Period
212.50

[MEMO ITEM]
*

B. John Schario
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **937.50**

Date of Receipt
01 / 06 / 2011
Transaction ID : C5514459

Amount of Each Receipt this Period
312.50

[MEMO ITEM]
*

C. Kevin Standefer
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **837.50**

Date of Receipt
01 / 06 / 2011
Transaction ID : C5514462

Amount of Each Receipt this Period
212.50

[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: (check only one)	PAGE 18 OF 43
<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) A. Daniel Tasset		Date of Receipt MM / DD / YYYY 01 / 06 / 2011 Transaction ID : C5514455
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 2240.65
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Nueterra Holdings, LLC	Occupation Chairman, Board of Directors
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2865.65	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) B. Global Rehab LP Fort Worth		Date of Receipt MM / DD / YYYY 01 / 25 / 2011 Transaction ID : C5482072
Mailing Address 6601 Harris Parkway		Amount of Each Receipt this Period 1500.00
City Fort Worth	State TX	Zip Code 76132
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 ▼ 1500.00	PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial) C. Cecil Bailey MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2011 Transaction ID : C5515169
Mailing Address 200 Bryan Pl		Amount of Each Receipt this Period 153.75
City Cedar Hill	State TX	Zip Code 75104-1768
FEC ID number of contributing federal political committee. C	Name of Employer Heritage Inter Med	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.32	[MEMO ITEM] *

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 19 OF 43
<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. Anthony Doti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2824 Amherst Ave
 City Dallas State TX Zip Code 75225-7903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **432.32**

Date of Receipt **01 / 25 / 2011**
Transaction ID : C5515170
 Amount of Each Receipt this Period **153.75**
[MEMO ITEM]
 *

B. Wafer Gamil
 Full Name (Last, First, Middle Initial)
 Mailing Address 6601 Harris Parkway
 City Fort Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **432.32**

Date of Receipt **01 / 25 / 2011**
Transaction ID : C5515171
 Amount of Each Receipt this Period **153.75**
[MEMO ITEM]
 *

C. Hooman Sedighi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13213 Glad Acres Dr
 City Farmer's Ranch State TX Zip Code 75234-5202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Global Rehab Occupation Physician/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **969.82**

Date of Receipt **01 / 25 / 2011**
Transaction ID : C5515172
 Amount of Each Receipt this Period **168.75**
[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: (check only one)	PAGE 20 OF 43
	<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. Archana Thota
Full Name (Last, First, Middle Initial)
Mailing Address 6601 Harris Parkway
City Fort Worth State TX Zip Code 76132
FEC ID number of contributing federal political committee. **C**
Name of Employer Lone Star Internal Medicine Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **454.82**

Date of Receipt **01 / 25 / 2011**
Transaction ID : C5515173
Amount of Each Receipt this Period **168.75**
[MEMO ITEM]
*

B. Scott Wood
Full Name (Last, First, Middle Initial)
Mailing Address 6601 Harris Parkway
City Fort Worth State TX Zip Code 76132
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **469.82**

Date of Receipt **01 / 25 / 2011**
Transaction ID : C5515175
Amount of Each Receipt this Period **168.75**
[MEMO ITEM]
*

C. Global Rehab LP San Antonio
Full Name (Last, First, Middle Initial)
Mailing Address 19126 Stonehue
City San Antonio State TX Zip Code 78258-3490
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1500.00**

Date of Receipt **01 / 25 / 2011**
Transaction ID : C5482073
Amount of Each Receipt this Period **1500.00**
PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
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 21 OF 43
<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. Cecil Bailey MD
Full Name (Last, First, Middle Initial)

Mailing Address 200 Bryan Pl

City Cedar Hill State TX Zip Code 75104-1768

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

Name of Employer Heritage Inter Med Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.32**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2011

Transaction ID : C5516519

Amount of Each Receipt this Period
158.57

[MEMO ITEM]
*

B. Anthony Doti MD
Full Name (Last, First, Middle Initial)

Mailing Address 2824 Amherst Ave

City Dallas State TX Zip Code 75225-7903

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.32**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2011

Transaction ID : C5516517

Amount of Each Receipt this Period
158.57

[MEMO ITEM]
*

C. Wafer Gamil
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.32**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 25 / 2011

Transaction ID : C5516520

Amount of Each Receipt this Period
158.57

[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 22 OF 43
(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

Full Name (Last, First, Middle Initial)
A. Hooman Sedighi MD

Mailing Address 13213 Glad Acres Dr

City Farmer's Ranch State TX Zip Code 75234-5202

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

Name of Employer Global Rehab Occupation Physician/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 969.82

Date of Receipt
 01 / 25 / 2011
Transaction ID : C5516522

Amount of Each Receipt this Period
 173.57

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Archana Thota

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Lone Star Internal Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 454.82

Date of Receipt
 01 / 25 / 2011
Transaction ID : C5516518

Amount of Each Receipt this Period
 158.57

[MEMO ITEM]
*

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

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 469.82

Date of Receipt
 01 / 25 / 2011
Transaction ID : C5516525

Amount of Each Receipt this Period
 173.57

[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: (check only one)	PAGE 23 OF 43
	<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

Full Name (Last, First, Middle Initial)
A. Global Rehab LP

Mailing Address 1340 Empire Central Dr

City Dallas State TX Zip Code 75247-4022

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2011
Transaction ID : C5482075

Amount of Each Receipt this Period
 1500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
B. Cecil Bailey MD

Mailing Address 200 Bryan Pl

City Cedar Hill State TX Zip Code 75104-1768

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

Name of Employer Occupation
Heritage Inter Med Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2011
Transaction ID : C5515182

Amount of Each Receipt this Period
 120.00

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Anthony Doti MD

Mailing Address 2824 Amherst Ave

City Dallas State TX Zip Code 75225-7903

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2011
Transaction ID : C5515187

Amount of Each Receipt this Period
 120.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 24 OF 43
<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. Wafer Gamil
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.32

Date of Receipt 01 / 25 / 2011
Transaction ID : C5515195

Amount of Each Receipt this Period 120.00

[MEMO ITEM]
*

B. Hooman Sedighi MD
Full Name (Last, First, Middle Initial)

Mailing Address 13213 Glad Acres Dr

City Farmer's Ranch State TX Zip Code 75234-5202

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

Name of Employer Global Rehab Occupation Physician/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 969.82

Date of Receipt 01 / 25 / 2011
Transaction ID : C5515208

Amount of Each Receipt this Period 127.50

[MEMO ITEM]
*

C. Archana Thota
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Lone Star Internal Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 454.82

Date of Receipt 01 / 25 / 2011
Transaction ID : C5515201

Amount of Each Receipt this Period 127.50

[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: (check only one)	PAGE 25 OF 43
	<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 Wood
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Harris Parkway

City Fort Worth State TX Zip Code 76132

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 469.82

Date of Receipt 01 / 25 / 2011
Transaction ID : C5515206

Amount of Each Receipt this Period 127.50

[MEMO ITEM]
*

B. Nueterra Holdings, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Ave Ste 310

City Leawood State KS Zip Code 66211-1878

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 22 / 2011
Transaction ID : C5482078

Amount of Each Receipt this Period 5000.00

PARTNERSHIP--partners below if itemized

C. David C. Ayers
Full Name (Last, First, Middle Initial)

Mailing Address 11326 West 141st Street

City Overland Park State KS Zip Code 66221-8206

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

Name of Employer Occupation Nueterra Holdings, LLC CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 837.50

Date of Receipt 02 / 22 / 2011
Transaction ID : C5516547

Amount of Each Receipt this Period 625.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 26 OF 43
<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) A. Jim Davidson		Date of Receipt MM / DD / YYYY 01 / 22 / 2011 Transaction ID : C5516551
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 625.00
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Nueterra Holdings, LLC	Occupation EVP, Sales & Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) B. Tammy Duckworth Ham		Date of Receipt MM / DD / YYYY 02 / 22 / 2011 Transaction ID : C5516554
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 625.00
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Nueterra Holdings, LLC	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	[MEMO ITEM] *

Full Name (Last, First, Middle Initial) C. Denise Mayhew		Date of Receipt MM / DD / YYYY 02 / 22 / 2011 Transaction ID : C5516552
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 625.00
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C	Name of Employer Nueterra Holdings, LLC	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1564.32	[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: (check only one)	PAGE 27 OF 43
<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) A. Daniel Saale		Date of Receipt MM / DD / YYYY 02 / 22 / 2011 Transaction ID : C5516549
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 625.00
City Leawood State KS Zip Code 66211	FEC ID number of contributing federal political committee. C	[MEMO ITEM] *
Name of Employer Nueterra Holdings, LLC Occupation Executive VP & CFO	Aggregate Year-to-Date 837.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Schario		Date of Receipt MM / DD / YYYY 02 / 22 / 2011 Transaction ID : C5516544
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 625.00
City Leawood State KS Zip Code 66211	FEC ID number of contributing federal political committee. C	[MEMO ITEM] *
Name of Employer Nueterra Holdings, LLC Occupation CEO	Aggregate Year-to-Date 937.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Standefer		Date of Receipt MM / DD / YYYY 02 / 22 / 2011 Transaction ID : C5516553
Mailing Address 11221 Roe Avenue Suite 320		Amount of Each Receipt this Period 625.00
City Leawood State KS Zip Code 66211	FEC ID number of contributing federal political committee. C	[MEMO ITEM] *
Name of Employer Nueterra Holdings, LLC Occupation Senior Vice President	Aggregate Year-to-Date 837.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 28 OF 43
	<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. Daniel Tasset
Full Name (Last, First, Middle Initial)

Mailing Address 11221 Roe Avenue
Suite 320

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Holdings, LLC Occupation Chairman, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2865.65

Date of Receipt
02 / 22 / 2011
Transaction ID : C5516542

Amount of Each Receipt this Period
625.00

[MEMO ITEM]
*

B. Regent Management Services
Full Name (Last, First, Middle Initial)

Mailing Address 36 Regent Drive

City Oak Brook State IL Zip Code 60523

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
06 / 30 / 2011
Transaction ID : C5514416

Amount of Each Receipt this Period
2000.00

PARTNERSHIP--partners below if itemized

C. Thomas Mallon
Full Name (Last, First, Middle Initial)

Mailing Address 4 Westbrook Corporate Ctr
Ste 440

City Westchester State IL Zip Code 60154-5735

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

Name of Employer Regent Surgical Health Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
06 / 30 / 2011
Transaction ID : C5514417

Amount of Each Receipt this Period
2000.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	47300.00

**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 29 OF 43
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. TEXAS SPINE AND JOINT LTD PAC
Full Name (Last, First, Middle Initial)
Mailing Address 1814 ROSELAND BOULEVARD

City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C C00437525		
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
M M / D D / Y Y Y Y Y Y
01 / 25 / 2011
Transaction ID : C5515691

Amount of Each Receipt this Period
5000.00

B. TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC
Full Name (Last, First, Middle Initial)
Mailing Address 120 WILLIAM PENN PLAZA

City DURHAM	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C C00418582		
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 16 / 2011
Transaction ID : C5516661

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]
Earmarked for Dave Camp for Congress

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

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

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

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

FOR LINE NUMBER: PAGE 30 OF 43
(check only one)

<input 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 checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. JON KYL FOR U S SENATE
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10246
City Phoenix State AZ Zip Code 85064-0246
FEC ID number of contributing federal political committee. **C** C00279521
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2011
Transaction ID : C5480588
Amount of Each Receipt this Period
5000.00
Refund

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL 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

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

Full Name (Last, First, Middle Initial)

A. Dave Camp for Congress

Mailing Address 5915 Eastman Ave
Ste 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
Contribution

011

Candidate Name

DAVID LEE CAMP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : D400430

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dave Camp for Congress

Mailing Address 5915 Eastman Ave
Ste 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
Conduit Contribution

Category/
Type

Candidate Name

DAVID LEE CAMP

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2011

Transaction ID : D405723

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Earmarked by TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

DIANE L. BLACK

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2011

Transaction ID : D401771

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JEB HENSARLING

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382-0504

Purpose of Disbursement
Contribution

Candidate Name

JEB HENSARLING

Office Sought: House
 Senate
 President

State: TX District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2011

Transaction ID : D401762

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375-0775

Purpose of Disbursement
Contribution

Candidate Name

JOSEPH R. PITTS

Office Sought: House
 Senate
 President

State: PA District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	24	/	2011

Transaction ID : D401708

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN THUNE

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101-0841

Purpose of Disbursement
Contribution

Candidate Name

JOHN R THUNE

Office Sought: House
 Senate
 President

State: SD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2011

Transaction ID : D401760

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

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**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 SAM JOHNSON

Mailing Address PO Box 860096

City State Zip Code
Plano TX 75086-0096

Purpose of Disbursement
Contribution

Candidate Name

SAMUEL ROBERT JOHNSON

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	08	/	2011

Transaction ID : D401772

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC

Mailing Address 175 S West Temple
Ste 650

City State Zip Code
Salt Lake City UT 84101-1422

Purpose of Disbursement
Contribution

Candidate Name

ORRIN G HATCH

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2011

Transaction ID : D401764

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HOUSE CONSERVATIVES FUND

Mailing Address PO Box 2752

City State Zip Code
Washington DC 20013-2752

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
02	/	09	/	2011

Transaction ID : D401712

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

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**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. JIM GERLACH FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2011

Mailing Address PO Box 87

Transaction ID : D401769

City Uwchland State PA Zip Code 19480-0087

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

JIM GERLACH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2011

Mailing Address PO Box 8

Transaction ID : D401707

City Winnetka State IL Zip Code 60093-0008

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

MARK STEVEN KIRK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2011

Mailing Address PO Box 3750

Transaction ID : D401768

City Brentwood State TN Zip Code 37024-3750

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

MARSHA BLACKBURN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

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

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

3000.00

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**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. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
Contribution

Candidate Name
MICHAEL C. BURGESS

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	1

Transaction ID : D401765

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	1

Transaction ID : D401766

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077-0425

Purpose of Disbursement
Contribution

Candidate Name
THOMAS EDMUNDS PRICE

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D401767

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

1	1	5	0	.	0	0
---	---	---	---	---	---	---

1	1	5	0	.	0	0
---	---	---	---	---	---	---

**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. SCHOCK FOR CONGRESS

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612-0555

Purpose of Disbursement Contribution

Candidate Name
AARON SCHOCK

Office Sought: House Senate President
State: IL District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2011

Transaction ID : D401770

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Senate Majority Fund

Mailing Address PO Box 32025

City Phoenix State AZ Zip Code 85064-2025

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : D399758

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TFP-FOJB COMMITTEE

Mailing Address 631 Pennsylvania Ave SE Ste B

City Washington State DC Zip Code 20003-4452

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2011

Transaction ID : D401761

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**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

Full Name (Last, First, Middle Initial)

A. TRUTH ACCOUNTABILITY AND COURAGE PAC (TACPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2011

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Transaction ID : D401763

Amount of Each Disbursement this Period

1500.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WALLY HERGER FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2011

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988-1007

Purpose of Disbursement
Contribution

Candidate Name

WALLY HERGER

Category/
Type

Transaction ID : D401716

Amount of Each Disbursement this Period

5000.00

Office Sought: House Senate President
State: CA District: 02

Disbursement For: 2012 Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

6500.00

43000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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 checked="" 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. Arlington Association of Neurological Surgeons, PA

Mailing Address 1001 N Waldrop Dr
Ste 801

City Arlington State TX Zip Code 76012-4706

Purpose of Disbursement
Refund of 3/16/2007 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D405602

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Foundation Bariatric Hospital of San Antonio

Mailing Address 9522 Huebner Road

City San Antonio State TX Zip Code 78240

Purpose of Disbursement
Refund of 10/1/2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D405604

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Heart Hospital of Austin

Mailing Address 3801 North Lamar Blvd.

City Austin State TX Zip Code 78756

Purpose of Disbursement
Refund of 10/16/2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D405610

Amount of Each Disbursement this Period

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mountain View Hospital

Mailing Address 2325 South Coronado Street

City Idaho Falls State ID Zip Code 83404

Purpose of Disbursement
Partial Refund of 10/8/2008 Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : D405615

Amount of Each Disbursement this Period

1657.00

B. New Dimensions Weight Loss Surgery

Mailing Address 9150 Huebner Road #250

City San Antonio State TX Zip Code 78240

Purpose of Disbursement
Partial Refund of 10/21/2008 Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : D405609

Amount of Each Disbursement this Period

500.00

C. Oklahoma Heart Hospital

Mailing Address 4050 W Memorial Rd

City Oklahoma City State OK Zip Code 73120-8382

Purpose of Disbursement
Partial Refund of 2/19/2009 Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : D405613

Amount of Each Disbursement this Period

1660.00

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

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

3817.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Oklahoma Heart Hospital

Mailing Address 4050 W Memorial Rd

City Oklahoma City State OK Zip Code 73120-8382

Purpose of Disbursement
Partial Refund of 10/10/2008 Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : **D405614**

Amount of Each Disbursement this Period

1660.00

Full Name (Last, First, Middle Initial)

B. Physician Synergy Group

Mailing Address 9080 Harry Hines Blvd.
Suite 110

City Dallas State TX Zip Code 75235

Purpose of Disbursement
Refund of 1/26/2009 Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : **D405686**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Rivercrest Specialty Hospital

Mailing Address 1625 East Jefferson Blvd.

City Mishawaka State IN Zip Code 46545

Purpose of Disbursement
Partial Refund of 10/8/2008 Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : **D405688**

Amount of Each Disbursement this Period

475.00

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

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

7135.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Rivercrest Specialty Hospital

Mailing Address 1625 East Jefferson Blvd.

City Mishawaka State IN Zip Code 46545

Purpose of Disbursement
Partial Refund of 10/8/2008 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
06		30		2011

Transaction ID : D405607

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

B. The Hospital at Westlake Medical Center

Mailing Address 5656 Bee Caves Road
Bldg. M-302

City Austin State TX Zip Code 78746

Purpose of Disbursement
Partial Refund of 10/1/2008 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
06		30		2011

Transaction ID : D405605

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. The Hospital at Westlake Medical Center

Mailing Address 5656 Bee Caves Road
Bldg. M-302

City Austin State TX Zip Code 78746

Purpose of Disbursement
Partial Refund of 10/1/2008 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
06		30		2011

Transaction ID : D405685

Amount of Each Disbursement this Period

205.50

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

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

1975.50

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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 checked="" 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. Thomas J. Mallon Special Trust

Mailing Address 36 Regent Drive

City State Zip Code
Oak Brook IL 60523

Purpose of Disbursement
Refund of 10/27/2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : D405611

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Three Gables Surgery Center

Mailing Address 5897 County Road #107

City State Zip Code
Proctorville OH 45669

Purpose of Disbursement
Partial Refund of 10/14/2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : D405608

Amount of Each Disbursement this Period

6	3	7	0	0	0	0	0	0	0
6	3	7	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Three Gables Surgery Center

Mailing Address 5897 County Road #107

City State Zip Code
Proctorville OH 45669

Purpose of Disbursement
Partial Refund of 10/14/2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID : D405687

Amount of Each Disbursement this Period

4	4	3	5	0	0	0	0	0	0
4	4	3	5	0	0	0	0	0	0

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

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

3	0	8	0	5	0	0	0	0	0
3	0	8	0	5	0	0	0	0	0

3	0	8	0	5	0	0	0	0	0
3	0	8	0	5	0	0	0	0	0

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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 checked="" 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. TpHR, LLP

Mailing Address 14131 Midway
Suite 1050

City Addison State TX Zip Code 75001

Purpose of Disbursement
Refund of 11/6/2008 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID : D405612

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

23508.00