

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
 Check if different than previously reported. (ACC) WASHINGTON DC 20036

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

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

5. Covering Period 07 / 01 / 2015 through 07 / 31 / 2015

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

Signature of Treasurer John Richardson *[Electronically Filed]* Date 08 / 04 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		21087.39
(b) Cash on Hand at Beginning of Reporting Period.....	23597.39	
(c) Total Receipts (from Line 19)	10192.37	20442.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33789.76	41529.76
7. Total Disbursements (from Line 31).....	2610.27	10350.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31179.49	31179.49
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).....	9230.82	19480.82
(ii) Unitemized	961.55	961.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10192.37	20442.37
(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)	10192.37	20442.37
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))..... ▶	10192.37	20442.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10192.37	20442.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	110.27	350.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	110.27	350.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	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)) ..	2610.27	10350.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2610.27	10350.27

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)	10192.37	20442.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10192.37	20442.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	110.27	350.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110.27	350.27

**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 22
(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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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. Monica Bachamp MD

Mailing Address 600 S Santa Fe Ave
Ste E

City Salina State KS Zip Code 67401-4171

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954405

Amount of Each Receipt this Period
192.31

Full Name (Last, First, Middle Initial)
B. Jerrold E. Cossette

Mailing Address 520 South Santa Fe Avenue

City Salina State KS Zip Code 67401

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954430

Amount of Each Receipt this Period
192.31

Full Name (Last, First, Middle Initial)
C. Bradley Daily MD

Mailing Address 6 Red Fox

City Salina State KS Zip Code 67401

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954417

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional)..... ▶ **576.93**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(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. Lavelle Ellis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2353 Aidan Court
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015
Transaction ID : C7954409
 Amount of Each Receipt this Period
192.31

B. Byron L. Grauerholz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Estate Drive
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015
Transaction ID : C7954427
 Amount of Each Receipt this Period
192.31

C. Gary Harbin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 523 South Santa Fe
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015
Transaction ID : C7954418
 Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional)..... **576.93**
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 22
(check only one)

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

A. Randy D. Hassler MD
Full Name (Last, First, Middle Initial)
Mailing Address 498 Upper Mil Heights Drive
City Salina State KS Zip Code 67401
FEC ID number of contributing federal political committee. **C**
Name of Employer Salina Surgical Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 377.50

Date of Receipt 07 / 09 / 2015
Transaction ID : C7954434
Amount of Each Receipt this Period 192.31

B. Todd Herrenbruck MD
Full Name (Last, First, Middle Initial)
Mailing Address 1830 Stoneridge Lane
City Salina State KS Zip Code 67401
FEC ID number of contributing federal political committee. **C**
Name of Employer Salina Surgical Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 377.50

Date of Receipt 07 / 09 / 2015
Transaction ID : C7954404
Amount of Each Receipt this Period 192.31

C. Michael J. Johnson MD
Full Name (Last, First, Middle Initial)
Mailing Address 882 Eastridge Drive
City Salina State KS Zip Code 67401
FEC ID number of contributing federal political committee. **C**
Name of Employer Salina Surgical Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 377.50

Date of Receipt 07 / 09 / 2015
Transaction ID : C7954432
Amount of Each Receipt this Period 192.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.93
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 22
(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. Paul Arthur Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 East Crawford Street
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954429
 Amount of Each Receipt this Period
 192.31

B. Sukesh K. Kansal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2494 Mcclean Circle
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954423
 Amount of Each Receipt this Period
 192.31

C. Ali B. Manguoglu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 639 Gupsum Avenue Apt B2
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954401
 Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.93
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 22
(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. Michael J. Matteuci Sr.

Mailing Address 405 Greystone Drive

City Salina State KS Zip Code 67401

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954426

Amount of Each Receipt this Period
192.31

Full Name (Last, First, Middle Initial)
B. Earl H. Matthews MD

Mailing Address 847 Fairdale Rd Apt D

City Salina State KS Zip Code 67401-8422

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954411

Amount of Each Receipt this Period
192.31

Full Name (Last, First, Middle Initial)
C. William Mauch MD

Mailing Address 219 Fairdale Rd

City Salina State KS Zip Code 67401-3595

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954407

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional)..... **576.93**

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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Natalie A. Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 S. Morris Drive
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954424
 Amount of Each Receipt this Period
 192.31

B. Joel E. Parriott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1728 Upper Mil Terrace
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954433
 Amount of Each Receipt this Period
 192.31

C. David Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 S Marymount Rd
 City Salina State KS Zip Code 67401-8414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954408
 Amount of Each Receipt this Period
 192.31

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 22
	(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"/> 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. Ward Schraeder MD

Mailing Address 4380 E Cloud St

City Salina State KS Zip Code 67401-9162

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954412

Amount of Each Receipt this Period
192.31

Full Name (Last, First, Middle Initial)
B. A.J. Schwartz

Mailing Address 454 Upper Mill Heights

City Salina State KS Zip Code 67401

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

Name of Employer Physicians & Investors LLC Occupation Businessman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954402

Amount of Each Receipt this Period
192.31

Full Name (Last, First, Middle Initial)
C. Brian G. Smith MD

Mailing Address 2096 S. Woodward Road

City Salina State KS Zip Code 67401

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954428

Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 22
(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. Gary B. Weiner MD

Mailing Address 18 Crestview Dr

City Salina State KS Zip Code 67401-3586

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954431

Amount of Each Receipt this Period
192.31

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 / D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954368

Amount of Each Receipt this Period
5000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)
c. Monica Bachamp MD

Mailing Address 600 S Santa Fe Ave Ste E

City Salina State KS Zip Code 67401-4171

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954369

Amount of Each Receipt this Period
185.19

[MEMO ITEM]
 *

SUBTOTAL of Receipts This Page (optional).....▶	5192.31
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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Jerrold E. Cossette
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 South Santa Fe Avenue
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt 07 / 09 / 2015
Transaction ID : C7954370
 Amount of Each Receipt this Period 185.19
[MEMO ITEM]
 *

B. Bradley Daily MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Red Fox
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt 07 / 09 / 2015
Transaction ID : C7954394
 Amount of Each Receipt this Period 185.19
[MEMO ITEM]
 *

C. Lavelle Ellis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2353 Aidan Court
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt 07 / 09 / 2015
Transaction ID : C7954389
 Amount of Each Receipt this Period 185.19
[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 15 OF 22
(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. Byron L. Grauerholz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Estate Drive
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt **07 / 09 / 2015**
Transaction ID : C7954396
 Amount of Each Receipt this Period **185.19**
[MEMO ITEM]
 *

B. Gary Harbin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 523 South Santa Fe
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt **07 / 09 / 2015**
Transaction ID : C7954371
 Amount of Each Receipt this Period **185.19**
[MEMO ITEM]
 *

C. Randy D. Hassler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 498 Upper Mil Heights Drive
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt **07 / 09 / 2015**
Transaction ID : C7954390
 Amount of Each Receipt this Period **185.19**
[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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Todd Herrenbruck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 Stoneridge Lane
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954391
 Amount of Each Receipt this Period
 185.19
[MEMO ITEM]
 *

B. Michael J. Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 882 Eastridge Drive
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954372
 Amount of Each Receipt this Period
 185.19
[MEMO ITEM]
 *

C. Paul Arthur Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 East Crawford Street
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954373
 Amount of Each Receipt this Period
 185.19
[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 17 OF 22
(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. Suresh K. Kansal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2494 Mcclean Circle
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt **07 / 09 / 2015**
Transaction ID : C7954393
 Amount of Each Receipt this Period **185.19**
[MEMO ITEM]
 *

B. Ali B. Manguoglu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 639 Gupsum Avenue Apt B2
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt **07 / 09 / 2015**
Transaction ID : C7954392
 Amount of Each Receipt this Period **185.19**
[MEMO ITEM]
 *

C. Michael J. Matteuci Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Greystone Drive
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt **07 / 09 / 2015**
Transaction ID : C7954398
 Amount of Each Receipt this Period **185.19**
[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 22
	<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. Earl H. Matthews MD
Full Name (Last, First, Middle Initial)

Mailing Address 847 Fairdale Rd
Apt D

City Salina State KS Zip Code 67401-8422

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954376

Amount of Each Receipt this Period
185.19

[MEMO ITEM]
*

B. William Mauch MD
Full Name (Last, First, Middle Initial)

Mailing Address 219 Fairdale Rd

City Salina State KS Zip Code 67401-3595

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954377

Amount of Each Receipt this Period
185.19

[MEMO ITEM]
*

c. Natalie A. Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 119 S. Morris Drive

City Salina State KS Zip Code 67401

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : C7954395

Amount of Each Receipt this Period
185.19

[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 19 OF 22
(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. Joel E. Parriott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1728 Upper Mil Terrace
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954380
 Amount of Each Receipt this Period
 185.19
[MEMO ITEM]
 *

B. David Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 S Marymount Rd
 City Salina State KS Zip Code 67401-8414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954381
 Amount of Each Receipt this Period
 185.19
[MEMO ITEM]
 *

C. Ward Schraeder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4380 E Cloud St
 City Salina State KS Zip Code 67401-9162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954388
 Amount of Each Receipt this Period
 185.19
[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 20 OF 22
(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. A.J. Schwartz

Mailing Address 454 Upper Mill Heights

City Salina State KS Zip Code 67401

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

Name of Employer Physicians & Investors LLC Occupation Businessman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015

Transaction ID : C7954387

Amount of Each Receipt this Period
 185.19

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
B. Brian G. Smith MD

Mailing Address 2096 S. Woodward Road

City Salina State KS Zip Code 67401

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015

Transaction ID : C7954383

Amount of Each Receipt this Period
 185.19

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial)
C. Gary B. Weiner MD

Mailing Address 18 Crestview Dr

City Salina State KS Zip Code 67401-3586

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

Name of Employer Salina Surgical Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015

Transaction ID : C7954386

Amount of Each Receipt this Period
 185.19

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	9230.82

**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"/> 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. 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

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : D572889

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : D572892

Amount of Each Disbursement this Period

70.27

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

100.27

100.27

**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. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Contribution

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
07 / 30 / 2015

Transaction ID : D572891

Amount of Each Disbursement this Period

2500.00

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) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y 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) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y 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)..... ▶

2500.00

2500.00