

# **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)

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

A. Schwartz, A. J., , ,

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 (for Individual)  
Physicians & Investors LLC

Occupation (for Individual)  
Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2017

Transaction ID : C8981941

Amount of Each Receipt this Period

178.67

☐ Memo Item

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

B. Smith, Brian, G., ,

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 (for Individual)  
Salina Surgical Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2017

Transaction ID : C8982433

Amount of Each Receipt this Period

178.57

☐ Memo Item

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

C. Smith, David, E., ,

Mailing Address 302 West Park Lane

City  
Salina

State  
KS

Zip Code  
67401-3553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Salina Surgical Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2017

Transaction ID : C8982427

Amount of Each Receipt this Period

178.57

☐ Memo Item

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

535.81

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