

**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 13 OF 40
	<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. William Rizk**  
Full Name (Last, First, Middle Initial)

Mailing Address 705 North Sioux Point Road  
Suite 100

City State Zip Code  
Dakota Dunes SD 57049

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

Name of Employer Occupation  
Midlands Clinic Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2007

**Transaction ID : C153**

Amount of Each Receipt this Period  
750.00

**B. Jacob Rosenstein MD, FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 W Arbrook Blvd Suite 150

City State Zip Code  
Arlington TX 76015-4327

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

Name of Employer Occupation  
North Texas Neurosurgical Consultants, Neurosurgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2007

**Transaction ID : C136**

Amount of Each Receipt this Period  
2000.00

**C. Mary Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 2233 Pueblo Court

City State Zip Code  
Sioux City IA 51104

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

Name of Employer Occupation  
Siouxland Women's Healthcare OB/GYN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2007

**Transaction ID : C148**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	