

**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 13  
(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. Ronald S. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8450 Northwest Blvd.  
 City State Zip Code  
 Indianapolis IN 46278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Orthopaedic Hospital Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 269.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : C6744693**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael T. Thieken**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8450 Northwest Blvd  
 City State Zip Code  
 Indianapolis IN 46278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Orthopaedic Hospital Orthopaedic Surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 596.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : C6744698**  
 Amount of Each Receipt this Period  
 500.00

**C. Andrew J Vicar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8450 Northwest Blvd.  
 City State Zip Code  
 Indianapolis IN 46278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Orthopaedic Hospital Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : C6744700**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶