

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 121
 (check only one)
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NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Michael Pisciotta

Mailing Address 1700 Lindberg Drive

City State Zip Code
Sidwell LA 70458

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

Name of Employer Southern Surgical Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2007
Transaction ID: SA11AI.5131
 Amount of Each Receipt this Period: 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Sarah Powell

Mailing Address 101 Tower Road Suite 120

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer ENT Consultants Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 08 / 25 / 2007
Transaction ID: SA11AI.5213
 Amount of Each Receipt this Period: 750.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Steve Priddle

Mailing Address 1620 Charles Place

City State Zip Code
Manhattan KS 66502

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

Name of Employer The Women's Health Group Occupation OB/GYN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 25 / 2007
Transaction ID: SA11AI.5214
 Amount of Each Receipt this Period: 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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