

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 16
<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. Myer, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

Transaction ID : C9271801

Amount of Each Receipt this Period
500.00

Memo Item

B. O'Neill, Kevin, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

Transaction ID : C9271802

Amount of Each Receipt this Period
250.00

Memo Item

C. Pomeroy, Christopher, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

Transaction ID : C9271803

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	