

**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 14 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. Scheid, D. Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2018
Transaction ID : C9271804
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Schwartz, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2018
Transaction ID : C9271822
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Schwartz, David, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8450 Northwest Blvd.
 City Indianapolis State IN Zip Code 46278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2018
Transaction ID : C9271823
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	