

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 17
(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. Full Name (Last, First, Middle Initial)
 Pine Creek Medical Center LLP
 Mailing Address 9032 Harry Hines Blvd.
 City State Zip Code
 Dallas TX 75235
 Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2008
Transaction ID: SA11AI.5752
 Amount of Each Receipt this Period
 5000.00
 Partnership Contribution/
 No Partner Reaches Itemiz-
 ation
 FEC ID number of contributing
 federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

B. Full Name (Last, First, Middle Initial)
 Eric J. Potthoff
 Mailing Address 250 South Crescent
 City State Zip Code
 Mason City IA 50402
 Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2008
Transaction ID: SA11AI.5770
 Amount of Each Receipt this Period
 250.00
 Contribution
 FEC ID number of contributing
 federal political committee. **C**
 Name of Employer Occupation
 Mason City Clinic Physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Kevin Rier
 Mailing Address 250 South Crescent
 City State Zip Code
 Mason City IA 50402
 Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2008
Transaction ID: SA11AI.5771
 Amount of Each Receipt this Period
 1000.00
 Contribution
 FEC ID number of contributing
 federal political committee. **C**
 Name of Employer Occupation
 Mason City Clinic Physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► 6250.00
TOTAL This Period (last page this line number only) ►