

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Darlys Hofer

Mailing Address 1200 South Euclid Avenue
#212

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Urology Specialists Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2179.23

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI.6037.9

Amount of Each Receipt this Period
179.23

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Vaughn Meyer

Mailing Address 911 East 20th Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Plastic Surgery Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5179.23

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI.6037.16

Amount of Each Receipt this Period
179.23

See Partial Refund Mid Year 2011

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Donald Schellpfeffer

Mailing Address 1100 East 26th Street

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Anesthesiology Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 537.71

Date of Receipt
MM / DD / YYYY
09 / 26 / 2008

Transaction ID: SA11AI.6037.22

Amount of Each Receipt this Period
537.71

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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