

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 39
(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)
Vicki Raabe

Mailing Address 1905 Donnybrook

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Azalea Orthopedics Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.6102

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Rivercrest Specialty Hospital

Mailing Address 1625 East Jefferson Blvd.

City State Zip Code
Mishawaka IN 46545

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.6109

Amount of Each Receipt this Period

5000.00

Partnership Contribution/
See Attribution Below

C.

Full Name (Last, First, Middle Initial)
Cameron Gilbert

Mailing Address 1625 East Jefferson Blvd.

City State Zip Code
Mishawaka IN 46545

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

Name of Employer Occupation
Rivercrest Specialty Hospital Partner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.6109.0

Amount of Each Receipt this Period

900.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)