

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 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)  
Michael Russell

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 Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.6103

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Soldatis

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Indiana Orthopaedic Hospital Physician

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

Date of Receipt

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

Transaction ID: SA11AI.6090

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Southern Surgical Hospital

Mailing Address 1700 West Lindberg

City State Zip Code  
Slidell LA 70458

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 Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6042

Amount of Each Receipt this Period

5000.00

Partnership Contribution/  
See Attribution Below

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....