

**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 23 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Vincent Sutton		Date of Receipt
	Mailing Address 1710 South 70th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Lincoln	NE	68506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6099
Name of Employer Eye Surgical Associates		Occupation Physican	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Texas Spine & Joint Hospital		Date of Receipt
	Mailing Address 1814 Roseland Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Tyler	TX	75701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6107
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Partnership Contribution/ See Attribution Below

C.	Full Name (Last, First, Middle Initial) Charles Gordon		Date of Receipt
	Mailing Address 1814 Roseland Blvd. Suite 200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Tyler	TX	75701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6107.4
Name of Employer Gordon Spine Associates		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 201.45
			[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5500.00
TOTAL This Period (last page this line number only)	<input type="text"/>