

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 11
(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)
Jyoti Pham

Mailing Address 10115 Park Rowe Circle

City State Zip Code
Baton Rouge LA 70820

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

Name of Employer Occupation
Neuromedical Center Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6312

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Kelly Scrantz

Mailing Address 10108 Park Rowe Circle

City State Zip Code
Baton Rouge LA 70813

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

Name of Employer Occupation
Neuromedical Center Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6317

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Tommy Spinosa

Mailing Address 10111 Park Rowe Circle

City State Zip Code
Baton Rouge LA 70816

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

Name of Employer Occupation
Neuromedical Center Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6318

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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