

**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 10 OF 12
<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. Mark Rasmussen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3651 College Blvd.  
City Leawood State KS Zip Code 66211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 294.00

Date of Receipt 02 / 28 / 2014  
**Transaction ID : C7516578**  
Amount of Each Receipt this Period 294.00  
[MEMO ITEM]  
\*

**B. T.J. Rasmussen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3651 College Blvd.  
City Leawood State KS Zip Code 66211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 294.00

Date of Receipt 02 / 28 / 2014  
**Transaction ID : C7516569**  
Amount of Each Receipt this Period 294.00  
[MEMO ITEM]  
\*

**C. Charles E. Rhoades MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3651 College Blvd.  
City Leawood State KS Zip Code 66211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 294.00

Date of Receipt 02 / 28 / 2014  
**Transaction ID : C7516556**  
Amount of Each Receipt this Period 294.00  
[MEMO ITEM]  
\*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶