

**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 6 / 6
	<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	

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

A.	Full Name (Last, First, Middle Initial) Sioux Falls Surgical Physicians, LLC	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 910 E. 20th Street	Transaction ID: SA11AI.7293
	City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Partnership Contribution/ See Attribution Below
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Peter K. Rodman	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 910 E 20th St	Transaction ID: SA11AI.7293.20
	City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 242.19
	FEC ID number of contributing federal political committee. C	[MEMO ITEM]
Name of Employer Sioux Falls Surgical Phys- ician	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.19	

C.	Full Name (Last, First, Middle Initial) Donald Schellpfeffer	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 1100 East 26th Street	Transaction ID: SA11AI.7293.23
	City State Zip Code Sioux Falls SD 57105	Amount of Each Receipt this Period 537.71
	FEC ID number of contributing federal political committee. C	[MEMO ITEM]
Name of Employer Anesthesiology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 537.71	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00