

**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 14
	<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. Soldatis, Jeffrey, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : C8979457**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Thieken, Michael, T., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : C8979458**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Weber, Timothy, G., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8450 Northwest Blvd.

City Indianapolis	State IN	Zip Code 46278
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Indiana Orthopaedic Hospital	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

**Transaction ID : C8979459**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	