

**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 OF 7
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Timothy M. Dettmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 662 E State St  
 City State Zip Code  
 Mason City IA 50401-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mason City Clinic Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 27 / 2012  
**Transaction ID : C6590472**  
 Amount of Each Receipt this Period  
 250.00

**B. Sioux Falls Surgical Physicians, LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 E. 20th Street  
 City State Zip Code  
 Sioux Falls SD 57105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 08 / 07 / 2012  
**Transaction ID : C6590473**  
 Amount of Each Receipt this Period  
 5000.00  
 LLC - Members below if itemized. Permissible funds.

**c. Donald Schellpfeffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 East 26th Street  
 City State Zip Code  
 Sioux Falls SD 57105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesiology Associates Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 555.38

Date of Receipt  
 08 / 07 / 2012  
**Transaction ID : C6590531**  
 Amount of Each Receipt this Period  
 555.38  
**[MEMO ITEM]**  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5250.00