

**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 12 OF 22
	<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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NAME OF COMMITTEE (In Full)
Physician Hospitals of America Political Action Committee

A. Ward Schraeder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4380 E Cloud St
 City Salina State KS Zip Code 67401-9162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954412
 Amount of Each Receipt this Period
192.31

B. A.J. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 454 Upper Mill Heights
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians & Investors LLC Occupation Businessman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954402
 Amount of Each Receipt this Period
192.31

C. Brian G. Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2096 S. Woodward Road
 City Salina State KS Zip Code 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Salina Surgical Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : C7954428
 Amount of Each Receipt this Period
192.31

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	