

**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 9
	<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)  
**I-VOTE Health of IASIS Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. JACK E. SANDERLIN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR561811614358</b>
Mailing Address 1205 Stoney Point Lane		Amount of Each Receipt this Period 50.00
City Franklin	State TN	Zip Code 37067-6403
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer IASIS Corporate	Occupation VP Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. PHILLIP C. DESMOND</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR561812514358</b>
Mailing Address 67 River Crossing		Amount of Each Receipt this Period 125.00
City Boerne	State TX	Zip Code 78006-6147
FEC ID number of contributing federal political committee. C		P/R Deduction (\$125.00 Monthly)
Name of Employer Southwest General Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C. SEAN TUSSEY</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : PR561813914358</b>
Mailing Address 122 Declaration Drive		Amount of Each Receipt this Period 100.00
City Lascassas	State TN	Zip Code 37085-4548
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer IASIS Corporate	Occupation VP, Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	