

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

I-VOTE Health of IASIS Healthcare Corporation Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)
- Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)
- Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer  [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="36080.00"/>	<input type="text" value="36080.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="66876.86"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1068.72"/>	<input type="text" value="43115.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="67945.58"/>	<input type="text" value="79195.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="16250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62945.58"/>	<input type="text" value="62945.58"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

I-VOTE Health of IASIS Healthcare Corporation Political Action Committee

Report Covering the Period: From: 05 / 01 / 2015 To: 05 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	973.72	41331.72
(ii) Unitemized .....	95.00	1783.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1068.72	43115.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1068.72	43115.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1068.72	43115.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1068.72	43115.58

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	16000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	16250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	16250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1068.72	43115.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1068.72	43115.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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"/> 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)  
**I-VOTE Health of IASIS Healthcare Corporation Political Action Committee**

**A. PHILLIP C. DESMOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 River Crossing  
 City Boerne State TX Zip Code 78006-6147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest General Hospital Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR561812513984**  
 Amount of Each Receipt this Period 125.00  
 P/R Deduction (\$125.00 Monthly)

**B. SEAN TUSSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 Declaration Drive  
 City Lascassas State TN Zip Code 37085-4548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IASIS Corporate Occupation VP, Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR561813913984**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**C. CHRISTOPHER J. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1233 E. Azure Sea Ln  
 City Gilbert State AZ Zip Code 85234-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IASIS Occupation COO, SLMC & TSLH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR561814813984**  
 Amount of Each Receipt this Period 125.00  
 P/R Deduction (\$125.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 7 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**I-VOTE Health of IASIS Healthcare Corporation Political Action Committee**

**A. CHRISTOPHER Y. CHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Richards Glen Dr.  
 City Franklin State TN Zip Code 37067-7268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IASIS Occupation VP, Legal Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR561816413984**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Monthly)

**B. JOANIE BRADY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Autumnwood Court  
 City Nashville State TN Zip Code 37221-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IASIS Corporate Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR771564813984**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$75.00 Monthly)

**C. JONATHAN A. DEMKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1970 N. 1475 East  
 City Lehi State UT Zip Code 84043-2715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IASIS Corporate Occupation CEO Physician Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 233.36

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR771564913984**  
 Amount of Each Receipt this Period 58.34  
 P/R Deduction (\$58.34 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

**A. MATTHEW ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Petrus Circle  
 City West Monroe State LA Zip Code 71291-1908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IASIS Healthcare Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR792199713984**  
 Amount of Each Receipt this Period 125.00  
 P/R Deduction (\$125.00 Monthly)

**B. JASON WORTHEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8037 S. Cricket Lane  
 City West Jordan State UT Zip Code 84081-1913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Choice Utah Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR792199813984**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Monthly)

**C. MARK L. BERNARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 St. Joseph Parkway  
 City Houston State TX Zip Code 77002-8301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Medical Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR802673013984**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$150.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.38
<b>TOTAL</b> This Period (last page this line number only).....▶	973.72



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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)

**A. Bennet For Colorado**

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Michael Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : 7017593**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Wyden For Senate**

Mailing Address 232 NE 9th Avenue

City State Zip Code  
Portland OR 97232

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2015

**Transaction ID : 7069026**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

5000.00