

**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"/> 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) A. Edward Lamb		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2014 Transaction ID : 6309413
Mailing Address 1054 7 Wasatch Blvd		Amount of Each Receipt this Period 3000.00
City Sandy State UT Zip Code 84092		
FEC ID number of contributing federal political committee. C		
Name of Employer IASIS	Occupation President Western Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00