

**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 25 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. John L Oaks
Full Name (Last, First, Middle Initial)

Mailing Address 525 W 1930 N

City Orem State UT Zip Code 84057-2036

FEC ID number of contributing federal political committee. **C**

Name of Employer IASIS Healthcare Occupation VP Government & Payor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2013

Transaction ID : 4823677

Amount of Each Receipt this Period
 400.00

B. Sharad Mansukani, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 13621 NW 12th Street Suite 100

City Sunrise State FL Zip Code 33323-2846

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Investment Professional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2013

Transaction ID : 4823683

Amount of Each Receipt this Period
 3000.00

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3400.00
TOTAL This Period (last page this line number only).....▶	70050.00