

**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

A. 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 ▼ 450.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR802673017691
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$150.00 Monthly)

B.
 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
 Amount of Each Receipt this Period
 Memo Item

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	150.00