

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. 12FE4M5

I-VOTE Health of IASIS Healthcare Corporation Political Action Committee

ADDRESS (number and street) 117 Seaboard Lane Suite E Franklin TN 37067

Check if different than previously reported. (ACC)

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

C C00540435

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

4. TYPE OF REPORT

- (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) [checked], 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 [MM/DD/YYYY] in the State of []

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [MM/DD/YYYY] in the State of []

5. Covering Period 02/01/2015 through 02/28/2015

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 John Doyle

Signature of Treasurer John Doyle [Electronically Filed] Date 03/16/2015

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

**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"/>		36080.00
(b) Cash on Hand at Beginning of Reporting Period.....	32330.00	
(c) Total Receipts (from Line 19)	26536.34	28036.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58866.34	64116.34
7. Total Disbursements (from Line 31).....	1000.00	6250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57866.34	57866.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: / / To: / /

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).....	25983.00	27483.00
(ii) Unitemized	553.34	553.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26536.34	28036.34
(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)	26536.34	28036.34
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))..... ▶	26536.34	28036.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26536.34	28036.34

DETAILED SUMMARY PAGE
of Disbursements

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.....	1000.00	6000.00
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)) ..	1000.00	6250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	6250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	26536.34	28036.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26536.34	28036.34
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 13
	<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. Robert Christopher Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 E. Peck Blvd.
 City Lafayette State LA Zip Code 70508-7490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IASIS Healthcare Occupation VP, Subacute Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : 6812327
 Amount of Each Receipt this Period
 900.00

B. Tedd S. Adair II
 Full Name (Last, First, Middle Initial)
 Mailing Address 1306 Sycamore Valley Rd.
 City Ashland City State TN Zip Code 37015-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IASIS Corporate Occupation VP, Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : 6812328
 Amount of Each Receipt this Period
 1500.00

C. James C. Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9566 Hampton Reserve Dr
 City Brentwood State TN Zip Code 37027-8491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IASIS Corporate Occupation SVP-Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : 6812329
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	4900.00
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 7 OF 13
	<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

Full Name (Last, First, Middle Initial) A. Leslie Boles Walker		Date of Receipt
Mailing Address 292 Dandridge Dr		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37067-8414
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6812330
Name of Employer	Occupation	Amount of Each Receipt this Period
IASIS Corporate	VP, Financial Planning & Reporting	<input type="text" value="900.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bryanie Swilley		Date of Receipt
Mailing Address 6521 Brandon Park Way		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37064-7629
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6812331
Name of Employer	Occupation	Amount of Each Receipt this Period
IASIS Corporate	Eastern Division President	<input type="text" value="3200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lloyd W. Price		Date of Receipt
Mailing Address 332 Landings Way		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mount Juliet	TN	37122-7469
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6812333
Name of Employer	Occupation	Amount of Each Receipt this Period
IASIS Corporate	VP Human Resources	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 13
<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. Brian Loflin		Date of Receipt MM / DD / YYYY 02 / 06 / 2015 Transaction ID : 6812546
Mailing Address 1540 Fleetwood Drive		Amount of Each Receipt this Period 1800.00
City Franklin	State TN	Zip Code 37064-4859
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer IASIS	Occupation CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) B. Michael D Pratt		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : 6812548
Mailing Address 23537 Vistamar Court		Amount of Each Receipt this Period 233.00
City Land O Lakes	State FL	Zip Code 34639-4888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 233.00
Name of Employer Health Choice Florida	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.00	

Full Name (Last, First, Middle Initial) C. Mark Westman		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : 6812550
Mailing Address 1054 Falling Leaf Circle		Amount of Each Receipt this Period 500.00
City Brentwood	State TN	Zip Code 37027-6216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer IASIS	Occupation VP Revenue Cycle	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2533.00
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: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Holden Holt
 Mailing Address 835 W. Churchhill Downs Dr
 City State Zip Code
 Kaysville UT 84037-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IASIS Corporate COO RMHWC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6812551
 Amount of Each Receipt this Period
 550.00

Full Name (Last, First, Middle Initial)
B. William Stephens
 Mailing Address 1817 Grey Pointe Dr
 City State Zip Code
 Brentwood TN 37027-8144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IASIS Corporate Internal Auditor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6812552
 Amount of Each Receipt this Period
 900.00

Full Name (Last, First, Middle Initial)
C. Kent Loosle
 Mailing Address 5510 W 10600 N
 City State Zip Code
 Highland UT 84003-8894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IASIS COO, UT Market
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6812555
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2450.00
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 10 OF 13
	<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

Full Name (Last, First, Middle Initial)
A. Steven M Anderson

Mailing Address PO Box 540756

City State Zip Code
North Salt Lake UT 84054-0756

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

Name of Employer Occupation
IASIS CEO, Jordan Valley

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2015
Transaction ID : 6812557

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Edward Lamb

Mailing Address 10547 Wasatch Blvd

City State Zip Code
Sandy UT 84092-4552

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

Name of Employer Occupation
IASIS President Western Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2015
Transaction ID : 6812558

Amount of Each Receipt this Period
3500.00

Full Name (Last, First, Middle Initial)
C. Dan A Houghton

Mailing Address 9667 E Sleepy Hollow Trail

City State Zip Code
Gold Canyon AZ 85118-4620

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

Name of Employer Occupation
IASIS Healthcare CFO, MVMC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2015
Transaction ID : 6812570

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional).....▶	5050.00
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: PAGE 11 OF 13
(check only one)

<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. Paul G Morris
Full Name (Last, First, Middle Initial)
Mailing Address 3770 Ecker Hill Drive
City Park City State UT Zip Code 84098-5326
FEC ID number of contributing federal political committee. **C**
Name of Employer IASIS Healthcare Occupation CFO, Western Division
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 24 / 2015
Transaction ID : 6812581
Amount of Each Receipt this Period 1000.00

B. W. Carl Whitmer
Full Name (Last, First, Middle Initial)
Mailing Address 109 Gaston Street
City Gallatin State TN Zip Code 37066-7138
FEC ID number of contributing federal political committee. **C**
Name of Employer IASIS Healthcare Occupation President and CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 02 / 24 / 2015
Transaction ID : 6812584
Amount of Each Receipt this Period 2000.00

C. Peter Stanos
Full Name (Last, First, Middle Initial)
Mailing Address 2472 Titans Lane
City Brentwood State TN Zip Code 37027-3731
FEC ID number of contributing federal political committee. **C**
Name of Employer IASIS Healthcare Occupation VP, Ethic & Business Practice
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 900.00

Date of Receipt 02 / 27 / 2015
Transaction ID : 6840232
Amount of Each Receipt this Period 900.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3900.00
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 12 OF 13
	<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	<input type="checkbox"/> 17

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

A. Patricia Scott
Full Name (Last, First, Middle Initial)
Mailing Address 4742 San Dimas Ct
City Las Vegas State NV Zip Code 89147-5647
FEC ID number of contributing federal political committee. **C**
Name of Employer IASIS Occupation VP Quality, Case, Risk Reg. Compliance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 27 / 2015
Transaction ID : 6840233
Amount of Each Receipt this Period 1000.00

B. Steven H Payne
Full Name (Last, First, Middle Initial)
Mailing Address 2723 East Water Vista Way
City Sandy State UT Zip Code 84093-6598
FEC ID number of contributing federal political committee. **C**
Name of Employer IASIS Occupation CFO SLRMC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt 02 / 27 / 2015
Transaction ID : 6840234
Amount of Each Receipt this Period 550.00

C. STACEY L. GERIG
Full Name (Last, First, Middle Initial)
Mailing Address 8 Chamboard Drive
City Odessa State TX Zip Code 79765-8955
FEC ID number of contributing federal political committee. **C**
Name of Employer IASIS Corporate Occupation CEO, ORMC
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 28 / 2015
Transaction ID : PR561816312797
Amount of Each Receipt this Period 500.00
P/R Deduction (\$500.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	25983.00

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. Majority Committee PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Majority Committee PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : 6821133

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

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

1000.00
