

**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 10
<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. Jack E. Sanderlin
Full Name (Last, First, Middle Initial)

Mailing Address 1205 Stoney Point Lane

City Franklin State TN Zip Code 37067-6403

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

Name of Employer IASIS Corporate Occupation VP Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR561811614825

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$50.00 Monthly)

B. 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 ▼ **875.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR561812514825

Amount of Each Receipt this Period **125.00**

P/R Deduction (\$125.00 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 ▼ **750.00**

Date of Receipt **08 / 31 / 2015**

Transaction ID : PR561814814825

Amount of Each Receipt this Period **125.00**

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	