

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 10  
(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**

**A. JACK E. SANDERLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1205 Stoney Point Lane  
 City State Zip Code  
 Franklin TN 37067-6403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IASIS Corporate VP Reimbursement  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR561811615754**  
 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 State Zip Code  
 Boerne TX 78006-6147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southwest General Hospital CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR561812515754**  
 Amount of Each Receipt this Period  
 125.00  
 P/R Deduction (\$125.00 Monthly)

**C. CHRISTOPHER Y. CHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Richards Glen Dr.  
 City State Zip Code  
 Franklin TN 37067-7268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IASIS VP, Legal Counsel  
 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  
 10 / 31 / 2015  
**Transaction ID : PR561816415754**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶