

**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 10
	<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. JOANIE BRADY
Full Name (Last, First, Middle Initial)

Mailing Address 504 Autumnwood Court

City Nashville State TN Zip Code 37221-3938

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

Name of Employer IASIS Corporate Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR771564815754

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$75.00 Monthly)

B. JONATHAN A. DEMKE
Full Name (Last, First, Middle Initial)

Mailing Address 1970 N. 1475 East

City Lehi State UT Zip Code 84043-2715

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

Name of Employer IASIS Corporate Occupation CEO Physician Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.06**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR771564915754

Amount of Each Receipt this Period **58.34**

P/R Deduction (\$58.34 Monthly)

C. GLENDA V. NEWBY
Full Name (Last, First, Middle Initial)

Mailing Address 18226 Bal Harbour Dr.

City Houston State TX Zip Code 77058-4311

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

Name of Employer St. Joseph Medical Center Occupation Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt **10 / 31 / 2015**

Transaction ID : PR771565015754

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... **178.34**

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