

**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 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. MATTHEW ROBERTS
Full Name (Last, First, Middle Initial)
Mailing Address 210 Petrus Circle

City West Monroe	State LA	Zip Code 71291-1908
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FEC ID number of contributing federal political committee. **C**

Name of Employer IASIS Healthcare	Occupation CEO
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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
10	/	31	/	2015

Transaction ID : PR792199715754

Amount of Each Receipt this Period
125.00

P/R Deduction (\$125.00 Monthly)

B. JASON WORTHEN
Full Name (Last, First, Middle Initial)
Mailing Address 8037 S. Cricket Lane

City West Jordan	State UT	Zip Code 84081-1913
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Choice Utah	Occupation CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR792199815754

Amount of Each Receipt this Period
115.38

P/R Deduction (\$38.46 Bi-Weekly)

C. MARK L. BERNARD
Full Name (Last, First, Middle Initial)
Mailing Address 1401 St. Joseph Parkway

City Houston	State TX	Zip Code 77002-8301
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Medical Center	Occupation CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR802673015754

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	390.38
TOTAL This Period (last page this line number only).....▶	843.72