

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Iowa Medical Society Political Action Committee

ADDRESS (number and street) 1001 Grand Avenue  
 Check if different than previously reported. (ACC)  
West Des Moines IA 50265-3502

2. **FEC IDENTIFICATION NUMBER** C00003970  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

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 Gene Lariviere

Signature of Treasurer Electronically Filed by Gene Lariviere Date 07 05 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Iowa Medical Society Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		32303.88
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	32303.88									
(c) Total Receipts (from Line 19) .....	29217.23	29217.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61521.11	61521.11								
7. Total Disbursements (from Line 31) .....	10190.00	10190.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51331.11	51331.11								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
Iowa Medical Society Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	28005.00	28005.00
(ii) Unitemized .....	1195.00	1195.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29200.00	29200.00
(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) .....	29200.00	29200.00
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.) .....	17.23	17.23
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 Transfer (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)) .....	29217.23	29217.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29217.23	29217.23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	8440.00	8440.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	1750.00	1750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	10190.00	10190.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10190.00	10190.00

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) .....	29200.00	29200.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29200.00	29200.00
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 / 42
	<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	

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)  
Iowa Medical Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Ferial Abbassy - Tewfik	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 601 E Bloomington	<b>Transaction ID:</b> SA11AI.11583
	City State Zip Code Iowa City IA 52245	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Iowa City Cancer Treatment Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey D Anderson	Date of Receipt MM / DD / YYYY 03 / 16 / 2011
	Mailing Address 1215 Pleasant Street Suite 400	<b>Transaction ID:</b> SA11AI.11545
	City State Zip Code Des Moines IA 50309	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Associated Anesthesiologists Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kurt Anderson	Date of Receipt MM / DD / YYYY 06 / 13 / 2011
	Mailing Address 10635 Bladensburg Road	<b>Transaction ID:</b> SA11AI.11608
	City State Zip Code Ottumwa IA 52501	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Missouri Valley Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 7 / 42  
(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)  
Iowa Medical Society Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Thaddeus Anderson</p> <p>Mailing Address 1500 Delhi Street Suite 3100</p> <p>City State Zip Code Dubuque IA 52001</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Dubuque Obstetrics &amp; Gynecology Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 16 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.11584</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Andrew</p> <p>Mailing Address 2350 Hospital Drive</p> <p>City State Zip Code Webster City IA 50595</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Van Diest Medical Center Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 16 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.11581</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Amir I Arbisser</p> <p>Mailing Address 1351 W Central Park Ste 1200</p> <p>City State Zip Code Davenport IA 52804</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Eye Surgical Associates Occupation: Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 14 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.11508</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> 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 8 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lisa Brothers Arbisser

Mailing Address 777 Tanglefoot Lane

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Eye Surgeons Associates      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	1	1

**Transaction ID:** SA11AI.11569

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
David W Beck

Mailing Address 1010 4th Street, SW  
Ste 105

City State Zip Code  
Mason City IA 50401

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

Name of Employer Mercy Clinic-Mason City      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

**Transaction ID:** SA11AI.11553

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas J Benda, Jr.

Mailing Address 1160 S Grandview Avenue

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Dubuque Otolaryngology      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

**Transaction ID:** SA11AI.11554

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Benzoni

Mailing Address 4343 Far Hills Road

City State Zip Code  
Sioux City IA 51104

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2011

Transaction ID: SA11AI.11585

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Blackmore

Mailing Address 20 5th Street NW

City State Zip Code  
Mason City IA 50401

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2011

Transaction ID: SA11AI.11570

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Christopher F Blodi

Mailing Address 1501 50th Street Suite 133

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Iowa Retina Consultants Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

Transaction ID: SA11AI.11613

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 / 42
	<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)  
Iowa Medical Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Burt Bottjen	Date of Receipt MM / DD / YYYY 03 / 16 / 2011
	Mailing Address 1519 S Phillips	<b>Transaction ID:</b> SA11AI.11555
	City State Zip Code Algona IA 50511	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Kossuth Regional Health Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy J Brennan	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address Dept. of Anesthesiology JCP6407	<b>Transaction ID:</b> SA11AI.11612
	City State Zip Code Iowa City IA 52242	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer U/I Hospitals & Clinics Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Beth K Bruening	Date of Receipt MM / DD / YYYY 02 / 04 / 2011
	Mailing Address 405 W 45th Street	<b>Transaction ID:</b> SA11AI.11527
	City State Zip Code Sioux City IA 51104	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Eye Associates Siouxland Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael P Chapman

Mailing Address 1500 Associates Drive

City State Zip Code  
Dubuque IA 52002

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.11509

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
K Patricia Chong

Mailing Address 540 E Jefferson Street

City State Zip Code  
Iowa City IA 52245

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

Name of Employer Physician Anesthesia Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.11518

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mark G Cleveland

Mailing Address 1223 S Gear Avenue

City State Zip Code  
West Burlington IA 52655

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2011

**Transaction ID:** SA11AI.11521

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 12 / 42

(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kevin Cunningham

Mailing Address 620 Country Club Blvd

City State Zip Code  
Des Moines IA 50312

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

Name of Employer Occupation  
Des Moines Internists Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.11571

Amount of Each Receipt this Period

750.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. James Davison

Mailing Address 309 E Church

City State Zip Code  
Marshalltown IA 50158

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

Name of Employer Occupation  
Wolfe Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.11510

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Dooley

Mailing Address 3400 Dexter Court

City State Zip Code  
Davenport IA 52807

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

Name of Employer Occupation  
Anesthesia & Pain Consultants Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.11503

Amount of Each Receipt this Period

250.00

Contribution

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

1250.00

**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 13 / 42

(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Douglas W Dvorak

Mailing Address 3385 Dexter Street  
Suite 101

City State Zip Code  
Davenport IA 52807

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

Name of Employer Occupation  
ENT Professional Services Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.11536

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
James Dy

Mailing Address 210 4th Avenue

City State Zip Code  
Grinnell IA 50112

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

Name of Employer Occupation  
Grinnell Regional Medical Ctr Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.11531

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Teresa Eckhart

Mailing Address 1500 Delhi Street

City State Zip Code  
Dubuque IA 52001-6319

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

Name of Employer Occupation  
Dubuque OB/GYN Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.11532

Amount of Each Receipt this Period

250.00

Contribution

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

750.00

**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 14 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Michael Fraizer		Date of Receipt MM / DD / YYYY 02 / 04 / 2011
Mailing Address 1215 Pleasant Street		<b>Transaction ID:</b> SA11AI.11523
City Des Moines	State IA	Zip Code 50309-1409
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Iowa Heart Center	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Susannah Friemel		Date of Receipt MM / DD / YYYY 01 / 07 / 2011
Mailing Address 1351 W Central Park		<b>Transaction ID:</b> SA11AI.11497
City Davenport	State IA	Zip Code 52804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hematology Medical Oncology	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Charles Fuerste		Date of Receipt MM / DD / YYYY 06 / 13 / 2011
Mailing Address 2140 JFK Road		<b>Transaction ID:</b> SA11AI.11610
City Dubuque	State IA	Zip Code 52002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Duerste Eye Clinic	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 15 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Janice Galli

Mailing Address 4545 Sergeant Road

City State Zip Code  
Sioux City IA 51106

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

Name of Employer Morningside Family Practice  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

**Transaction ID:** SA11AI.11586

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Corrine Ganske

Mailing Address 840 E University Avenue

City State Zip Code  
Des Moines IA 50316-2304

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

Name of Employer East Des Moines Family Care  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

**Transaction ID:** SA11AI.11534

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Charles Goldman

Mailing Address 411 Laurel Street

City State Zip Code  
Des Moines IA 50314

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

Name of Employer Mercy Surgical Affiliates  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.11511

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 16 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Krishnarao Gorrepati	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 1515 Delhi Street, Suite 100	<b>Transaction ID:</b> SA11AI.11582
	City State Zip Code Dubuque IA 52001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer: Dubuque Internal Medicine Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Louise Grzybowski	Date of Receipt MM / DD / YYYY 06 / 13 / 2011
	Mailing Address 3106 Mary Lynn Drive	<b>Transaction ID:</b> SA11AI.11600
	City State Zip Code Urbandale IA 50322	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer: None Occupation: Physician Spouse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven L Harlan	Date of Receipt MM / DD / YYYY 01 / 14 / 2011
	Mailing Address 8131 University Blvd	<b>Transaction ID:</b> SA11AI.11513
	City State Zip Code Clive IA 50325	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer: Dermatology Surgery Center Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 17 / 42  
(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)  
Iowa Medical Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Tork Harman		Date of Receipt MM / DD / YYYY 02 / 18 / 2011		
	Mailing Address 1550 Boyson Road		<b>Transaction ID:</b> SA11AI.11533		
	City Hiawatha	State IA	Zip Code 52233	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Linn County Anesthesiologists	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Hermann		Date of Receipt MM / DD / YYYY 01 / 14 / 2011		
	Mailing Address 1515 Delhi Street		<b>Transaction ID:</b> SA11AI.11504		
	City Dubuque	State IA	Zip Code 52001	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Dubuque Internal Medicine	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Hoffmann		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 200 Main Street		<b>Transaction ID:</b> SA11AI.11587		
	City Guttenberg	State IA	Zip Code 52052	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Family Medicine Associates	Occupation Physicians	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 18 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Patricia Hoffmann

Mailing Address 1215 Pleasant Street

City State Zip Code  
Des Moines IA 50309

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

Name of Employer  
Associated Anesthesiologists

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.11514

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Nicholas Honkamp

Mailing Address 6001 Westown Parkway

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer  
Des Moines Orthopaedic Surgeon

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	1	1

**Transaction ID:** SA11AI.11580

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Hubbard

Mailing Address 1500 Associates Drive

City State Zip Code  
Dubuque IA 52002

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

Name of Employer  
Medical Associates Clinic

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.11505

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 19 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Chris Hugo		Date of Receipt MM / DD / YYYY 06 / 13 / 2011
Mailing Address PO Box 550		<b>Transaction ID:</b> SA11AI.11606
City Guttenberg	State IA	Zip Code 52052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Guttenberg Municipal Hospital	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Lawrence Hutchison		Date of Receipt MM / DD / YYYY 01 / 14 / 2011
Mailing Address 1500 Delhi Street Suite 4100		<b>Transaction ID:</b> SA11AI.11517
City Dubuque	State IA	Zip Code 52001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tri State Family Practice	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Susan Karr-Peterson		Date of Receipt MM / DD / YYYY 02 / 04 / 2011
Mailing Address 540 E Jefferson Street Suite 106		<b>Transaction ID:</b> SA11AI.11528
City Iowa City	State IA	Zip Code 52245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Physician Anesthesia Care	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 20 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Janice A Kirsch

Mailing Address 1010 4th Street, SW  
Suite 240

City State Zip Code  
Mason City IA 50401

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

Name of Employer Occupation  
Mercy Womens Health Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2011

**Transaction ID:** SA11AI.11589

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael Kitchell

Mailing Address 1215 Duff Avenue

City State Zip Code  
Ames IA 50010-3014

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

Name of Employer Occupation  
Mc Farland Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2011

**Transaction ID:** SA11AI.11529

Amount of Each Receipt this Period  
750.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ronald Kolegraff

Mailing Address 1008 East View Avenue

City State Zip Code  
Okoboji IA 51355

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2011

**Transaction ID:** SA11AI.11590

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 21 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. George Kovach

Mailing Address 1351 W Central Park

City State Zip Code  
Davenport IA 52804

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

Name of Employer Hematology/Oncology Consultants      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2011  
Transaction ID: SA11AI.11498  
Amount of Each Receipt this Period 250.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Langland

Mailing Address 2751 Northgate Drive

City State Zip Code  
Iowa City IA 52245-9567

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

Name of Employer Steindler Orthopaedic Clinic      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2011  
Transaction ID: SA11AI.11499  
Amount of Each Receipt this Period 250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Gene Lariviere

Mailing Address 1001 Grand Avenue

City State Zip Code  
West Des Moines IA 50265-3502

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

Name of Employer Virginia Gay Hospital      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2011  
Transaction ID: SA11AI.11614  
Amount of Each Receipt this Period 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 22 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
James Lehman

Mailing Address 1227 E Rusholme Street

City State Zip Code  
Davenport IA 52803

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

Name of Employer Occupation  
Genesis Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.11515

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
David W Lucke

Mailing Address 624 Jones Street

City State Zip Code  
Sioux City IA 51101

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

Name of Employer Occupation  
Mercy Internal Medicine Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.11519

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Maire

Mailing Address 411 Laurel Street  
Suite 2100

City State Zip Code  
Des Moines IA 50314

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

Name of Employer Occupation  
Mercy Surgical Affiliates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2011

**Transaction ID:** SA11AI.11524

Amount of Each Receipt this Period  
750.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 23 / 42

(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
John Martens

Mailing Address 411 Laurel Street

City State Zip Code  
Des Moines IA 50314-3005

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

Name of Employer Occupation  
Mercy Therapeutic Radiology Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2011

Transaction ID: SA11AI.11567

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joseph G Martin

Mailing Address 2300 53rd Avenue

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
ORA Orthopedics Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 04 / 2011

Transaction ID: SA11AI.11526

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Roxy Mc Laren

Mailing Address 116 E 11th Street  
Suite 205

City State Zip Code  
Spencer IA 51301

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

Name of Employer Occupation  
Physician Lab of NW Iowa Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2011

Transaction ID: SA11AI.11557

Amount of Each Receipt this Period

250.00

Contribution

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

750.00

**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 24 / 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
David Mercer

Mailing Address 1351 W Central Park

City State Zip Code  
Davenport IA 52804

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

Name of Employer Occupation  
Hematology Medical Oncology Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.11500

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Timothy Moran, Jr.

Mailing Address 2001 Hamilton Blvd

City State Zip Code  
Sioux City IA 51104

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

Name of Employer Occupation  
Moran Eye Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.11501

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kenton Moss

Mailing Address 1519 S Phillips

City State Zip Code  
Algona IA 50511

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

Name of Employer Occupation  
Kossuth Regional Health Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11591

Amount of Each Receipt this Period

500.00

Contribution

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

1000.00

**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 25 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Stacey Neu

Mailing Address 840 E University Avenue

City State Zip Code  
Des Moines IA 50316

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

Name of Employer Occupation  
East Des Moines Family Care Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2011

**Transaction ID:** SA11AI.11563

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ann O'Donnell

Mailing Address 1820 W 3rd Street

City State Zip Code  
Davenport IA 52802

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

Name of Employer Occupation  
Davenport Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2011

**Transaction ID:** SA11AI.11530

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. John O'Shea

Mailing Address 915 13th Avenue, N

City State Zip Code  
Clinton IA 52732

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

Name of Employer Occupation  
Medical Associates Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2011

**Transaction ID:** SA11AI.11558

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 26 / 42

(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Curtis Page

Mailing Address 1500 Delhi Street

City State Zip Code  
Dubuque IA 52001

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

Name of Employer  
Dubuque Obstetrics/Gynecology

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11592

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Bryan P Pechous

Mailing Address 300 N Grandview Avenue

City State Zip Code  
Dubuque IA 52001-6360

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

Name of Employer  
Ophthalmology

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11594

Amount of Each Receipt this Period

750.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Susan B Perry

Mailing Address 2535 Maplecrest Road  
Suite 20

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.11502

Amount of Each Receipt this Period

250.00

Contribution

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

1250.00

**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 27 / 42

(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jason Powers

Mailing Address 3 Lions Drive

City State Zip Code  
North Liberty IA 52317

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

Name of Employer Occupation  
UI Family Care Center Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.11520

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Farida Rajput

Mailing Address 1351 E Kimberly Road

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Radiation Therapy Center Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11561

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Siv Saetre

Mailing Address 1230 E Rusholme Street  
Suite 203

City State Zip Code  
Davenport IA 52803

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

Name of Employer Occupation  
Davenport Eye Group Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11596

Amount of Each Receipt this Period  
500.00

Contribution

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

1000.00

**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 28 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
David Saggau

Mailing Address 6200 Westown Parkway

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Occupation  
Wolfe Eye Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2011

**Transaction ID:** SA11AI.11573

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. William Samuelson

Mailing Address 2800 Pierce Street

City State Zip Code  
Sioux City IA 51104

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2011

**Transaction ID:** SA11AI.11562

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Franklin Scamman

Mailing Address 200 Hawkins Drive

City State Zip Code  
Iowa City IA 52242

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

Name of Employer Occupation  
U/I Hospitals & Clinics Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2011

**Transaction ID:** SA11AI.11551

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 29 / 42

(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)  
Iowa Medical Society Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Victoria Sharp

Mailing Address 200 Hawkins Drive  
Dept of Urology

City State Zip Code  
Iowa City IA 52242

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

Name of Employer Occupation  
UI Hospitals & Clinics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.11578

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Siroos Shirazi

Mailing Address 3670 Forest Gate Drive NE

City State Zip Code  
Iowa City IA 52240

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

Name of Employer Occupation  
U/I Hospitals & Clinics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1005.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11597

Amount of Each Receipt this Period

1005.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Robert Shontz

Mailing Address 1444 Dickenson Lane

City State Zip Code  
Iowa City IA 52240-9166

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

Name of Employer Occupation  
Self Employed Medical School Student

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11552

Amount of Each Receipt this Period

250.00

Contribution

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

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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 30 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Robert R Shreck		Date of Receipt MM / DD / YYYY 02 / 04 / 2011
Mailing Address 1221 Pleasant Street		<b>Transaction ID:</b> SA11AI.11522
City Des Moines	State IA	Zip Code 50309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Medical Oncology & Hematology	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Brian Sires		Date of Receipt MM / DD / YYYY 06 / 13 / 2011
Mailing Address 212 West Dale Street		<b>Transaction ID:</b> SA11AI.11611
City Waterloo	State IA	Zip Code 50703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cedar Valley Medical Specialis	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Jeong-Hyeon Sohn		Date of Receipt MM / DD / YYYY 04 / 22 / 2011
Mailing Address 309 E Church Street		<b>Transaction ID:</b> SA11AI.11574
City Marshalltown	State IA	Zip Code 50158
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wolfe Eye Clinic	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 31 / 42  
(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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Stenberg

Mailing Address 1940 Elm Street

City State Zip Code  
Dubuque IA 52001

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

Name of Employer Occupation  
TriState Occupational Health Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2011

Transaction ID: SA11AI.11598

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Sullivan

Mailing Address 6001 Westown Parkway

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Occupation  
DSM Orthopaedic Surgeons Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2011

Transaction ID: SA11AI.11565

Amount of Each Receipt this Period  
250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen G Taylor

Mailing Address 6001 Westown Pkwy

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Occupation  
Des Moines Ortho Surgeons Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2011

Transaction ID: SA11AI.11576

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 32 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Hamed Tewfik

Mailing Address 601 E Bloomington

City State Zip Code  
Iowa City IA 52245

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

Name of Employer  
Iowa City Cancer Treatment Center

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2011

**Transaction ID:** SA11AI.11599

Amount of Each Receipt this Period  
750.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ralph Tyner

Mailing Address 3385 Dexter Court

City State Zip Code  
Davenport IA 52807

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

Name of Employer  
ENT Professional Services

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** SA11AI.11537

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frank Veltri

Mailing Address 3201 1st Street

City State Zip Code  
Emmetsburg IA 50536

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

Name of Employer  
Family Practice Clinic

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.11516

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 33 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dirk Ver Steeg

Mailing Address 5950 University Avenue

City State Zip Code  
West Des Moines IA 50266

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

Name of Employer Occupation  
The Iowa Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

**Transaction ID:** SA11AI.11579

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Theresa Marie Wahlig

Mailing Address 300 Walnut Street

City State Zip Code  
Des Moines IA 50309

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

Name of Employer Occupation  
Newborn Specialists Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

**Transaction ID:** SA11AI.11544

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. R Edward Whitver

Mailing Address 1001 Grand Avenue

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Occupation  
Iowa Medical Society VP - Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

**Transaction ID:** SA11AI.11568

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 34 / 42	
	(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"/> 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)  
Iowa Medical Society Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr. Tressa Wilcox		Date of Receipt	
Mailing Address 1501 E 10th Street Box 429		M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1	
City Atlantic	State IA	Zip Code 50022-0429	Transaction ID: SA11AI.11535
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00	
Name of Employer Atlantic Medical Center	Occupation Physician	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	28005.00

**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)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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)  
Iowa Medical Society Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Transaction ID: SB22.11616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Mailing Address 25 MASSACHUSETTS AVENUE NW  
SUITE 600

Amount of Each Disbursement this Period

900.00
--------

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Joint Solicitation of Funds

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Transaction ID: SB22.11617

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	1

Mailing Address 25 MASSACHUSETTS AVENUE NW  
SUITE 600

Amount of Each Disbursement this Period

100.00
--------

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Joint Solicitation of Funds

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Transaction ID: SB22.11618

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	1

Mailing Address 25 MASSACHUSETTS AVENUE NW  
SUITE 600

Amount of Each Disbursement this Period

600.00
--------

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Joint Solicitation of Funds

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

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

1600.00

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

**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)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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)  
Iowa Medical Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11619 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	Amount of Each Disbursement this Period 1300.00
	City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement Joint Solicitation of Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11620 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 1
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	Amount of Each Disbursement this Period 100.00
	City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement Joint Solicitation of Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11621 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	Amount of Each Disbursement this Period 400.00
	City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement Joint Solicitation of Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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)  
Iowa Medical Society Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11622 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 1 1	
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600		Amount of Each Disbursement this Period <b>300.00</b>
	City WASHINGTON	State DC	Zip Code 20001
	Purpose of Disbursement Joint Solicitation of Funds	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11623 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1	
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600		Amount of Each Disbursement this Period <b>200.00</b>
	City WASHINGTON	State DC	Zip Code 20001
	Purpose of Disbursement Joint Solicitation of Funds	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11624 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 1	
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600		Amount of Each Disbursement this Period <b>100.00</b>
	City WASHINGTON	State DC	Zip Code 20001
	Purpose of Disbursement Joint Solicitation of Funds	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

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

**600.00**

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

# 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 checked="" type="checkbox"/> 22	<input 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)  
Iowa Medical Society Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b></p> <p>Mailing Address <b>25 MASSACHUSETTS AVENUE NW SUITE 600</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20001</b></p> <p>Purpose of Disbursement Joint Solicitation of Funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.11625 <b>Date of Disbursement</b> 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1020.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b></p> <p>Mailing Address <b>25 MASSACHUSETTS AVENUE NW SUITE 600</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20001</b></p> <p>Purpose of Disbursement Joint Solicitation of Funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.11626 <b>Date of Disbursement</b> 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b></p> <p>Mailing Address <b>25 MASSACHUSETTS AVENUE NW SUITE 600</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20001</b></p> <p>Purpose of Disbursement Joint Solicitation of Funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.11627 <b>Date of Disbursement</b> 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 700.00</p>

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

1920.00

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

**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)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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)  
Iowa Medical Society Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11628 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	Amount of Each Disbursement this Period 300.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement Joint Solicitation of Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11629 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 1
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	Amount of Each Disbursement this Period 1600.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement Joint Solicitation of Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB22.11630 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	Amount of Each Disbursement this Period 220.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement Joint Solicitation of Funds Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

PAGE 40 / 42

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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)  
Iowa Medical Society Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**Transaction ID:** SB22.11631  
Date of Disbursement

Mailing Address 25 MASSACHUSETTS AVENUE NW  
SUITE 600

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	1

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Joint Solicitation of Funds

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

**Transaction ID:** SB22.11632  
Date of Disbursement

Mailing Address 25 MASSACHUSETTS AVENUE NW  
SUITE 600

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Joint Solicitation of Funds

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

400.00
--------

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

8440.00
---------

# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Friends of Whitver

Transaction ID: SB29.11636  
Date of Disbursement

Mailing Address 2001 NW Kelsey Lynn Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

City State Zip Code  
Grimes IA 50111

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
McCarthy for State Representative

Transaction ID: SB29.11634  
Date of Disbursement

Mailing Address 5220 SE 31st Court

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

City State Zip Code  
Des Moines IA 50320

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
McKinley for State Senate

Transaction ID: SB29.11635  
Date of Disbursement

Mailing Address 21884 483rd Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	1

City State Zip Code  
Chariton IA 50049-0609

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Political Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

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

1500.00
---------

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

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**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)

PAGE 42 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Iowa Medical Society Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Upmeyer for House

Mailing Address 2175 Pine Avenue

City State Zip Code  
Garner IA 50438

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.11633

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

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

250.00

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

1750.00