07/17/2003 17 : 25

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 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** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00003970

3. IS THIS REPORT — x 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)

x 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 2003 through 06 30 2003

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: Dr. Kenneth Schultheis

Signature of Treasurer: Electronically Filed by Dr. Kenneth Schultheis — Date 07 17 2003

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. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Iowa Medical Political Action Committee

Report Covering the Period: From: 01 01 2003 To: 06 30 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		9344.76
(b) Cash on Hand at Begining of Reporting Period	9344.76	
(c) Total Receipts (from Line 19)	50887.79	50887.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60232.55	60232.55
7. Total Disbursements (from Line 31)	21552.10	21552.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38680.45	38680.45
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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 Political Action Committee

Report Covering the Period: From: 01 01 2003 To: 06 30 2003

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)	17875.00	
(ii) Unitemized	32898.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	50773.00	50773.00
(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) ..... ▶	50773.00	50773.00
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.)	114.79	114.79
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))	50887.79	50887.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50887.79	50887.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	15650.00	15650.00
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	250.00	250.00
(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)) ▶	250.00	250.00
29. Other Disbursements	5652.10	5652.10
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))	21552.10	21552.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	21552.10	21552.10

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	50773.00	50773.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50523.00	50523.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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 Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. Richard Aerts
Mailing Address 1550 Byson Road
City: Hiawatha | State: IA | Zip Code: 52233
FEC ID number of contributing federal political committee: C
Name of Employer: Linn County Anesthesiologists
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 01 27 2003
Transaction ID: SA11A1.6128
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Edward Alt
Mailing Address 1500 Associates Drive
City: Dubuque | State: IA | Zip Code: 52002-2290
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: 250.00

Date of Receipt: 06 24 2003
Transaction ID: SA11A1.6554
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. Jeffrey D Anderson
Mailing Address 1005 Pennsylvania Avenue Suite 207
City: Ottumwa | State: IA | Zip Code: 52501
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Oncology Hematology
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6327
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. John Anderson
Mailing Address 1115 S Marshall
City: Boone State: IA Zip Code: 50036
FEC ID number of contributing federal political committee: C
Name of Employer: McFarland Clinic
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6300
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Robert F Anderson
Mailing Address 865 Lincoln Road Suite 200
City: Bettendorf State: IA Zip Code: 52722-4127
FEC ID number of contributing federal political committee: C
Name of Employer: River Valley Health Care
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.6522
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Amir I Arbisser
Mailing Address 1351 W Central Park Ste 1200
City: Davenport State: IA Zip Code: 52804
FEC ID number of contributing federal political committee: C
Name of Employer: Eye Surgical Associates
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 31 2003
Transaction ID: SA11A1.6387
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37
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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Lisa Brothers Arbisser
Mailing Address 1351 W Central Park
Ste 1200
City: Davenport State: IA Zip Code: 52804
FEC ID number of contributing federal political committee: C
Name of Employer: Eye Surgical Associates
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 31 2003
Transaction ID: SA11A1.6388
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Ross Bacon
Mailing Address 303 W 24th Street
City: Sioux City State: IA Zip Code: 51104-4025
FEC ID number of contributing federal political committee: C
Name of Employer: Pulmonary Associates
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.6523
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. James Becker
Mailing Address 1215 Pleasant Street
Suite 400
City: Des Moines State: IA Zip Code: 50309-1430
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: 250.00
Date of Receipt: 01 17 2003
Transaction ID: SA11A1.6112
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37
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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. Dirk Brom
Mailing Address 1215 Pleasant Street
City: Des Moines State: IA Zip Code: 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: 250.00
Date of Receipt: 03 31 2003
Transaction ID: SA11A1.6415
Amount of Each Receipt this Period: 125.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Michael S Brooks
Mailing Address 600 7th Street, SE
City: Cedar Rapids State: IA Zip Code: 52401
FEC ID number of contributing federal political committee: C
Name of Employer: Physicians Clinic of Iowa
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 10 2003
Transaction ID: SA11A1.6209
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Rep. Addison Brown, Jr.
Mailing Address 3121 4th Street, SW Box 1877
City: Mason City State: IA Zip Code: 50401-1877
FEC ID number of contributing federal political committee: C
Name of Employer: North Iowa Eye Clinic
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 17 2003
Transaction ID: SA11A1.6101
Amount of Each Receipt this Period: 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37
(check only one)
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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. Thomas Brown, Jr
Mailing Address 1601 NW 114th Street
City: Clive | State: IA | Zip Code: 50325
FEC ID number of contributing federal political committee: C
Name of Employer: Iowa Heart Center
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 31 2003
Transaction ID: SA11A1.6156
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Beth K Bruening
Mailing Address 2800 Pierce Street Ste 404
City: Sioux City | State: IA | Zip Code: 51104
FEC ID number of contributing federal political committee: C
Name of Employer: Eye Associates Siouxland
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 29 2003
Transaction ID: SA11A1.6466
Amount of Each Receipt this Period: 500.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Jeffrey Buffo
Mailing Address 1550 Boyson Road
City: Hiawatha | State: IA | Zip Code: 52233-2310
FEC ID number of contributing federal political committee: C
Name of Employer: Linn County Anesthesiologists
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 17 2003
Transaction ID: SA11A1.6102
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
David Adam Carlyle
Mailing Address 1215 Duff Avenue
City: Ames State: IA Zip Code: 50010
FEC ID number of contributing federal political committee: C
Name of Employer: McFarland Clinic
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.6528
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Arthur Devine, Jr
Mailing Address 1260 2nd Avenue, SE
City: Cedar Rapids State: IA Zip Code: 52403
FEC ID number of contributing federal political committee: C
Name of Employer: Physicians Clinic of Iowa
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 10 2003
Transaction ID: SA11A1.6215
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. Arthur Devine, Jr
Mailing Address 1260 2nd Avenue, SE
City: Cedar Rapids State: IA Zip Code: 52403
FEC ID number of contributing federal political committee: C
Name of Employer: Physicians Clinic of Iowa
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 04 29 2003
Transaction ID: SA11A1.6489
Amount of Each Receipt this Period: 125.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 37

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. Michael A Disbro
Mailing Address 400 University Avenue
City: Clive State: IA Zip Code: 50314
FEC ID number of contributing federal political committee: C
Name of Employer: Diagnostic Imaging Associates
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 10 2003
Transaction ID: SA11A1.6216
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. William Lister Dull
Mailing Address 321 Market Street Suite 106
City: Iowa City State: IA Zip Code: 52245
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: 02 28 2003
Transaction ID: SA11A1.6330
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. Lee O Fagre
Mailing Address 217 20th Street, NW
City: Waverly State: IA Zip Code: 50677
FEC ID number of contributing federal political committee: C
Name of Employer: Covenant Clinic
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 31 2003
Transaction ID: SA11A1.6416
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 13 / 37

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Dr. Thomas Graham
Mailing Address: 520 Talbott Avenue, Suite 1
City: Iowa Falls | State: IA | Zip Code: 50126
FEC ID number of contributing federal political committee: C
Name of Employer: Mercy Clinic – Iowa Falls
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 18 2003
Transaction ID: SA11A1.6429
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial): Barbara A Hare
Mailing Address: p.O. Box 3396
City: Rock Island | State: IL | Zip Code: 61204
FEC ID number of contributing federal political committee: C
Name of Employer: Quad City Child & Family Center
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 18 2003
Transaction ID: SA11A1.6453
Amount of Each Receipt this Period: 125.00
Contribution

C.
Full Name (Last, First, Middle Initial): Dr. Patricia Hoffmann
Mailing Address: 1410 6th Street, SW
City: Mason City | State: IA | Zip Code: 50401
FEC ID number of contributing federal political committee: C
Name of Employer: North Iowa Anesthesia Associates
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 17 2003
Transaction ID: SA11A1.6116
Amount of Each Receipt this Period: 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Beth Hothan-Zielinski
Mailing Address 407 S White Street
Suite 102
City: Mount Pleasant State: IA Zip Code: 52641
FEC ID number of contributing federal political committee: C
Name of Employer: Surgical Services of Mt Pleasant
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 31 2003
Transaction ID: SA11A1.6399
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Michael Todd Kafka
Mailing Address 2720 Stone Park Blvd
City: Sioux City State: IA Zip Code: 51104
FEC ID number of contributing federal political committee: C
Name of Employer: Pathology Medical Services
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 13 2003
Transaction ID: SA11A1.6358
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. Janice A Kirsch
Mailing Address 1010 4th Street, SW
Suite 240
City: Mason City State: IA Zip Code: 50401
FEC ID number of contributing federal political committee: C
Name of Employer: Mercy Womens' Health Center
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 21 2003
Transaction ID: SA11A1.6276
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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Michael Kichell
Mailing Address: 1215 Duff Avenue
City: Ames | State: IA | Zip Code: 50010-3014
FEC ID number of contributing federal political committee: C
Name of Employer: Mc Farland Clinic
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 30 2003
Transaction ID: SA11A1.6571
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial): Becky Kreswik
Mailing Address: 1924 Jeffrey Street
City: Iowa City | State: IA | Zip Code: 52246
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician Spouse
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 18 2003
Transaction ID: SA11A1.6430
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial): Timothy Kreswik
Mailing Address: Dept of Surgery
200 Hawkins Drive
City: Iowa City | State: IA | Zip Code: 52242
FEC ID number of contributing federal political committee: C
Name of Employer: U/I Hospitals & Clinics
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 18 2003
Transaction ID: SA11A1.6432
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

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

A.
Full Name (Last, First, Middle Initial)
Denis Kuhlmann
Mailing Address 1900 A Westchester Road
City: Waterloo State: IA Zip Code: 50701
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: 06 24 2003
Transaction ID: SA11A1.6556
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Sterling Leavag
Mailing Address 250 S Crescent Drive
City: Mason City State: IA Zip Code: 50401
FEC ID number of contributing federal political committee: C
Name of Employer: Mason City Clinic
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 21 2003
Transaction ID: SA11A1.6308
Amount of Each Receipt this Period: 500.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mrs. Deborah Lind
Mailing Address 148 57th Court
City: West Des Moines State: IA Zip Code: 50266
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Physician Spouse
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 13 2003
Transaction ID: SA11A1.6551
Amount of Each Receipt this Period: 125.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
David Little
Mailing Address 1000 4th Street SW
Dept Practice/Quality/Research
City: Mason City State: IA Zip Code: 50401
FEC ID number of contributing federal political committee: C
Name of Employer: Mercy Medical Center North Iowa
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 17 2003
Transaction ID: SA11A1.6104
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Dennis Mallory
Mailing Address 401 1st Avenue
City: Toledo State: IA Zip Code: 52342
FEC ID number of contributing federal political committee: C
Name of Employer: Dear Creek Health Center
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6294
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. Roxy Me Laren
Mailing Address 116 E 11th Street
Suite 205
City: Spencer State: IA Zip Code: 51301
FEC ID number of contributing federal political committee: C
Name of Employer: Physician Lab of NW Iowa
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 13 2003
Transaction ID: SA11A1.6380
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. William Mc Millan
Mailing Address 1005 Penn Avenue
Suite 101
City: Ottumwa State: IA Zip Code: 52501
FEC ID number of contributing federal political committee: C
Name of Employer: Ear Nose Throat Surgical Associates
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.6542
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Robert J Merick
Mailing Address 2nd & Main Street
Box 969
City: Guttenberg State: IA Zip Code: 52052
FEC ID number of contributing federal political committee: C
Name of Employer: Family Medicine Associates
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.6543
Amount of Each Receipt this Period: 125.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Mrs. Linda Miller
Mailing Address 6766 Ridges Court
City: Bettendorf State: IA Zip Code: 52722
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Physician Spouse
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 31 2003
Transaction ID: SA11A1.6144
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks
Mailing Address 1005 Pennsylvania Avenue
City: Ottumwa State: IA Zip Code: 52501
FEC ID number of contributing federal political committee: C
Name of Employer: Heartland Eye Clinic
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.6544
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Kenton Moss
Mailing Address 1519 S Phillips
City: Algona State: IA Zip Code: 50511
FEC ID number of contributing federal political committee: C
Name of Employer: Kossuth Regional Health Center
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 31 2003
Transaction ID: SA11A1.6145
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Bryant Mutchler
Mailing Address 2710 St Francis Drive Suite 210
City: Waterloo State: IA Zip Code: 50702
FEC ID number of contributing federal political committee: C
Name of Employer: Covenant Clinic
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 06 2003
Transaction ID: SA11A1.6545
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) ..... ▶

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

A.
Full Name (Last, First, Middle Initial): Richard Naylor
Mailing Address: 2710 St Francis Drive
City: Waterloo State: IA Zip Code: 50702
FEC ID number of contributing federal political committee: C
Name of Employer: Covenant Clinic
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 16 2003
Transaction ID: SA11A1.6509
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial): Donald AF Nelson
Mailing Address: 610 8th Street, SE
City: Cedar Rapids State: IA Zip Code: 52401
FEC ID number of contributing federal political committee: C
Name of Employer: Family Practice Center
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 21 2003
Transaction ID: SA11A1.6280
Amount of Each Receipt this Period: 500.00
Contribution

C.
Full Name (Last, First, Middle Initial): Mark Purtle
Mailing Address: 1200 Pleasant Street
City: Des Moines State: IA Zip Code: 50309
FEC ID number of contributing federal political committee: C
Name of Employer: Iowa Methodist Medical Center
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6337
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1000.00

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

A.
Full Name (Last, First, Middle Initial)
Ronald Reschly
Mailing Address 418 East Polk Street
City: Washington State: IA Zip Code: 52353
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: 03 13 2003
Transaction ID: SA11A1.6352
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Jan Richards
Mailing Address 2821 Francis Sites
City: Spirit Lake State: IA Zip Code: 51012
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician Spouse
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 21 2003
Transaction ID: SA11A1.6313
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. J William Richardson
Mailing Address 1000 Langworthy
City: Dubuque State: IA Zip Code: 52001-7313
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: 250.00
Date of Receipt: 03 13 2003
Transaction ID: SA11A1.6361
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)
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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A.
Full Name (Last, First, Middle Initial): Elizabeth Roberts
Mailing Address: 27 Quail Court
City: Sioux City | State: IA | Zip Code: 51104
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Physician Spouse
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 31 2003
Transaction ID: SA11A1.6150
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial): Dr. R Gerald Sarsfield
Mailing Address: 2710 St Francis Drive
City: Waterloo | State: IA | Zip Code: 50702
FEC ID number of contributing federal political committee: C
Name of Employer: Covenant Clinic
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 13 2003
Transaction ID: SA11A1.6374
Amount of Each Receipt this Period: 125.00
Contribution

C.
Full Name (Last, First, Middle Initial): Roger Shinnerl
Mailing Address: 300 Sioux Valley Drive
City: Cherokee | State: IA | Zip Code: 51012
FEC ID number of contributing federal political committee: C
Name of Employer: Sioux Valley Memorial Hospital
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 13 2003
Transaction ID: SA11A1.6375
Amount of Each Receipt this Period: 125.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

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

A.
Full Name (Last, First, Middle Initial)
Dr. Siroos Shirazi
Mailing Address 200 Hawkins Drive
City: Iowa City State: IA Zip Code: 52242
FEC ID number of contributing federal political committee: C
Name of Employer: UI Hospitals & Clinics
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 29 2003
Transaction ID: SA11A1.6481
Amount of Each Receipt this Period: 500.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Thomas Simpson
Mailing Address 540 E Jefferson Street Ste 4D1
City: Iowa City State: IA Zip Code: 52245-2469
FEC ID number of contributing federal political committee: C
Name of Employer: Otologic Medical Services
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 16 2003
Transaction ID: SA11A1.6511
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Dr. David G Stilley
Mailing Address 1111 6th Avenue
City: Des Moines State: IA Zip Code: 50314
FEC ID number of contributing federal political committee: C
Name of Employer: Mercy Hospital Medical Center
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6343
Amount of Each Receipt this Period: 125.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 875.00

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Iowa Medical Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. Edwin M Stone
Mailing Address Dept. of Opthalmology PFP111906
City: Iowa City State: IA Zip Code: 52242
FEC ID number of contributing federal political committee: C
Name of Employer: UI Hospitals & Clinics
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 24 2003
Transaction ID: SA11A1.6564
Amount of Each Receipt this Period: 125.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Dr. Stephen G Taylor
Mailing Address 6001 Westown Pkwy
City: West Des Moines State: IA Zip Code: 50266
FEC ID number of contributing federal political committee: C
Name of Employer: Des Moines Ortho Surgeons
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6298
Amount of Each Receipt this Period: 250.00
Contribution

C.
Full Name (Last, First, Middle Initial)
Nyla Throckmorton
Mailing Address 1307 W 9th Street
City: Spencer State: IA Zip Code: 51301
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician Spouse
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 29 2003
Transaction ID: SA11A1.6484
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 25 / 37

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

A.
Full Name (Last, First, Middle Initial): Dr. Tom Throckmorton
Mailing Address: 1823 Hwy Blvd, Suite 5
City: Spencer | State: IA | Zip Code: 51301
FEC ID number of contributing federal political committee: C
Name of Employer: NW Iowa Surgeons
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 29 2003
Transaction ID: SA11A1.6486
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial): Dr. Gerald Wait
Mailing Address: 2710 St Francis Drive
City: Waterloo | State: IA | Zip Code: 50702
FEC ID number of contributing federal political committee: C
Name of Employer: Convenant Clinic
Occupation: Physician
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 04 18 2003
Transaction ID: SA11A1.6452
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: West Des Moines | State: IA | Zip Code: 50265
FEC ID number of contributing federal political committee: C
Name of Employer: Iowa Medical Society
Occupation: VP - Administration
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6344
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Donald C Young, DO
Mailing Address 340B Woodland Avenue
Suite 302
City: West Des Moines State: IA Zip Code: 50266
FEC ID number of contributing federal political committee: C
Name of Employer: Mid Iowa Fertility
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 28 2003
Transaction ID: SA11A1.6299
Amount of Each Receipt this Period: 250.00
Contribution

B.
Full Name (Last, First, Middle Initial)
Donald C Young, DO
Mailing Address 340B Woodland Avenue
Suite 302
City: West Des Moines State: IA Zip Code: 50266
FEC ID number of contributing federal political committee: C
Name of Employer: Mid Iowa Fertility
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 03 31 2003
Transaction ID: SA11A1.6414
Amount of Each Receipt this Period: 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ..... ▶	750.00
TOTAL This Period (last page this line number only) ..... ▶	17875.00

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)
☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6591
Date of Disbursement: 01 / 16 / 2003
Amount of Each Disbursement this Period: 1150.00

B.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6592
Date of Disbursement: 01 / 30 / 2003
Amount of Each Disbursement this Period: 1400.00

C.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6593
Date of Disbursement: 01 / 31 / 2003
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3050.00**

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)
☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6594
Date of Disbursement: 02/19/2003
Amount of Each Disbursement this Period: 3400.00

B.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6595
Date of Disbursement: 03/04/2003
Amount of Each Disbursement this Period: 2350.00

C.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6599
Date of Disbursement: 03/31/2003
Amount of Each Disbursement this Period: 900.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6650.00**

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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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6600
Date of Disbursement: 04/03/2003
Amount of Each Disbursement this Period: 1350.00

B.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6601
Date of Disbursement: 04/23/2003
Amount of Each Disbursement this Period: 400.00

C.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6611
Date of Disbursement: 04/30/2003
Amount of Each Disbursement this Period: 2300.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4050.00**

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)
☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6615
Date of Disbursement: 05 / 20 / 2003
Amount of Each Disbursement this Period: 400.00

B.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6631
Date of Disbursement: 06 / 10 / 2003
Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial): American Medical Political Action Committee
Mailing Address: 1101 Vermont, NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Joint Solicitation of Funds
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB22.6635
Date of Disbursement: 06 / 20 / 2003
Amount of Each Disbursement this Period: 800.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1450.00**

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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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
American Medical Political Action Committee

Mailing Address 1101 Vermont, NW

City: Washington
State: DC
Zip Code: 20005

Purpose of Disbursement
Joint Solicitation of Funds

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB22.6640
Date of Disbursement: 06 / 30 / 2003

Amount of Each Disbursement this Period: 450.00

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	15650.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Amanda Ragan for Iowa Senate
Mailing Address: 20 Granite Court SE
City: Mason City State: IA Zip Code: 50401
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6637
Date of Disbursement: 06/24/2003
Amount of Each Disbursement this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Citizens for Gronstal
Mailing Address: 220 Bennett Avenue
City: Council Bluffs State: IA Zip Code: 51503
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6626
Date of Disbursement: 06/10/2003
Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Committee to Elect Robert E Dvorsky
Mailing Address: 412 6th Street
City: Coralville State: IA Zip Code: 52241
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6625
Date of Disbursement: 06/10/2003
Amount of Each Disbursement this Period: 250.00

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)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Friends for Dix
Mailing Address: PO box 220
City: Shell Rock | State: IA | Zip Code: 50670
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6598
Date of Disbursement: 01 / 06 / 2003
Amount of Each Disbursement this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Friends for Dix
Mailing Address: PO box 220
City: Shell Rock | State: IA | Zip Code: 50670
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6622
Date of Disbursement: 06 / 11 / 2003
Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Gaskill for Senate
Mailing Address: 1320 Birch Avenue
City: Corwith | State: IA | Zip Code: 50430
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6623
Date of Disbursement: 06 / 18 / 2003
Amount of Each Disbursement this Period: 100.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Gipp for Representative Committee
Mailing Address: 1517 185th Street
City: Decorah State: IA Zip Code: 52101
Purpose of Disbursement: Political Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2003 Primary General Other (specify) ▼ Special-General
Transaction ID: SB29.6619
Date of Disbursement: 06 / 10 / 2003
Amount of Each Disbursement this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Hoffman for Iowa House
Mailing Address: 869 South 5th Street
City: Charter Oak State: IA Zip Code: 51439
Purpose of Disbursement: Political Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary General Other (specify) ▼
Transaction ID: SB29.6617
Date of Disbursement: 05 / 21 / 2003
Amount of Each Disbursement this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Iowa Democratic Party of Iowa - Senate Truman Fund
Mailing Address: 5881 Fleur Drive
City: Des Moines State: IA Zip Code: 50321
Purpose of Disbursement: Political Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary General Other (specify) ▼
Transaction ID: SB29.6606
Date of Disbursement: 04 / 29 / 2003
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **850.00**

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Iowa Democratic Party of Iowa - Senate Truman Fund
Mailing Address: 5661 Fleur Drive
City: Des Moines State: IA Zip Code: 50321
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6629
Date of Disbursement: 06 / 10 / 2003
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Iowans for Van Fossen
Mailing Address: 2802 Middle Road
City: Davenport State: IA Zip Code: 52803
Purpose of Disbursement: Campaign Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6589
Date of Disbursement: 01 / 06 / 2003
Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Iverson for Senate
Mailing Address: 3020 Dows-Williams Road
City: Dows State: IA Zip Code: 50071
Purpose of Disbursement: Campaign Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6587
Date of Disbursement: 01 / 03 / 2003
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Iverson for Senate
Mailing Address: 9020 Dows-Williams Road
City: Dows State: IA Zip Code: 50071
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6613
Date of Disbursement: 05/12/2003
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Kramer for State Senate Committee
Mailing Address: 1209 Ashworth Road
City: West Des Moines State: IA Zip Code: 50265
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6618
Date of Disbursement: 06/04/2003
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Merrill Lynch
Mailing Address: 400 Locust Street Suite 100
City: Des Moines State: IA Zip Code: 50309
Purpose of Disbursement: Checking Account Service Charge
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6642
Date of Disbursement: 02/28/2003
Amount of Each Disbursement this Period: 2.10

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1002.10**

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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☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): The Republican Party of Iowa
Mailing Address: 521 E Locust Street
City: Des Moines | State: IA | Zip Code: 50309
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6609
Date of Disbursement: 04 / 29 / 2003
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Zieman for Senate Committee
Mailing Address: 284 Luana Road
City: Postville | State: IA | Zip Code: 52162
Purpose of Disbursement: Political Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB29.6620
Date of Disbursement: 06 / 10 / 2003
Amount of Each Disbursement this Period: 100.00

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	5652.10