

**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 11 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Kevin Cunningham
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Country Club Blvd
 City Des Moines State IA Zip Code 50312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Internists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 06 / 2015**
Transaction ID : SA11AI.12747
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Dr. Kevin Cunningham
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Country Club Blvd
 City Des Moines State IA Zip Code 50312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Internists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **06 / 15 / 2015**
Transaction ID : SA11AI.12854
 Amount of Each Receipt this Period **50.00**
 Contribution

C. Dr. Marygrace Elson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 Rapid Creek Rd NE
 U/I Hospitals
 City Iowa City State IA Zip Code 52240
 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 **500.00**

Date of Receipt **03 / 13 / 2015**
Transaction ID : SA11AI.12787
 Amount of Each Receipt this Period **500.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	