

**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 23 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael J McCoy
Full Name (Last, First, Middle Initial)

Mailing Address 1223 E Gear Avenue

City West Burlington State IA Zip Code 52655

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

Name of Employer Great River Womens Health Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : SA11AI.12833

Amount of Each Receipt this Period
 750.00

Contribution

B. Joshua McDonald
Full Name (Last, First, Middle Initial)

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.12847

Amount of Each Receipt this Period
 250.00

Contribution

C. Dr. Paula McFadden
Full Name (Last, First, Middle Initial)

Mailing Address 4657 S Raymond 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : SA11AI.12731

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).....▶	