

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Iowa Medical Society Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		66783.38
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	23660.86									
(c) Total Receipts (from Line 19)	12203.84	54240.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35864.70	121023.38								
7. Total Disbursements (from Line 31)	12500.00	97658.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23364.70	23364.70								
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									

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: To:

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)	11850.00	51405.00
(ii) Unitemized	350.00	2795.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12200.00	54200.00
(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)	12200.00	54200.00
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.)	3.84	40.00
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))	12203.84	54240.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12203.84	54240.00

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.....	2400.00	13540.00
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.....	10100.00	84118.68
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))..	12500.00	97658.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	97658.68

DETAILED SUMMARY PAGE
of Disbursements

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	12200.00	54200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12200.00	54200.00
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: PAGE 6 / 19
(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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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. Full Name (Last, First, Middle Initial)
Mary Ann Abrams

Mailing Address 8609 Northwest 70th Ct

City Johnston State IA Zip Code 50131

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

Name of Employer Mercy West Pediatric Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.11395
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Michael Abrams

Mailing Address 1001 Grand Avenue

City West Des Moines State IA Zip Code 50265-3502

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

Name of Employer Iowa Medical Society Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.11396
Amount of Each Receipt this Period 1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Dale Andres

Mailing Address 1000 4th Street, SW

City Mason City State IA Zip Code 50401

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

Name of Employer Mercy Clinic - Mason City Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.11383
Amount of Each Receipt this Period 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 7 / 19
(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) Clifford K Boese		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address One Edmundsen Place		Transaction ID: SA11AI.11386
City State Zip Code Council Bluffs IA 51502	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00
Name of Employer Miller Orthopaedics Affiliates	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Cheryl Brenton		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 5494 Lakeview Drive		Transaction ID: SA11AI.11397
City State Zip Code Clear Lake IA 50428	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician Spouse	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) Scot Christiansen		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 34782 Littleport Road		Transaction ID: SA11AI.11387
City State Zip Code Edgewood IA 52042-9645	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 8 / 19
(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)
Brian Cooper

Mailing Address 1371 NW 121st Street

City State Zip Code
Clive IA 50325

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

Name of Employer Occupation
Mid Iowa Fertility Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: SA11AI.11388

Amount of Each Receipt this Period
750.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Brian Ford

Mailing Address 2700 23rd Street

City State Zip Code
Spirit Lake IA 51360

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

Name of Employer Occupation
Spirit Lake Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: SA11AI.11384

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Jeanine Freeman

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 - Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.11370

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 9 / 19
(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>A. Full Name (Last, First, Middle Initial) Robert G Gitchell</p> <p>Mailing Address 1215 Duff Avenue</p> <p>City State Zip Code Ames IA 50010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation McFarland Clinic Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2010</p> <p>Transaction ID: SA11AI.11382</p> <p>Amount of Each Receipt this Period 750.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Jeffrey J Goerss</p> <p>Mailing Address 2700 23rd Street Box AH</p> <p>City State Zip Code Spirit Lake IA 51360</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Spirit Lake Medical Center Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2010</p> <p>Transaction ID: SA11AI.11385</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Ted Haas</p> <p>Mailing Address 1005 E. Pennsylvania</p> <p>City State Zip Code Ottumwa IA 52501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ottumwa Ob-GYN Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2010</p> <p>Transaction ID: SA11AI.11379</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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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 10 / 19
(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)
Barbara Hanas

Mailing Address 1115 Brookview Drive

City State Zip Code
DeWitt IA 52742

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

Name of Employer Self Employed Occupation Physician Spouse

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.11372

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Tork Harman

Mailing Address 1550 Boyson Road

City State Zip Code
Hiawatha IA 52233

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

Name of Employer Linn County Anesthesiologists Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.11390

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Joseph E Hart

Mailing Address 1753 W Ridgeway Avenue

City State Zip Code
Waterloo IA 50701

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

Name of Employer Cedar Valley Med Specialists 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
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.11398

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: (check only one)	PAGE 11 / 19
	<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	

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

A.	Full Name (Last, First, Middle Initial) Dr. Carl Hays		Date of Receipt
	Mailing Address 1223 S Gear Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	West Burlington	IA	52655
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11373
Name of Employer Great River Womens Health		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Dr. George Lederhaas		Date of Receipt
	Mailing Address 1215 Pleasant Suite 400		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Des Moines	IA	50309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11391
Name of Employer Associated Anesthesiologists		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Yasyn Lee		Date of Receipt
	Mailing Address 200 Mercy Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
	City	State	Zip Code
	Dubuque	IA	52001-7313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11367
Name of Employer Medical Associates Clinic		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 19

(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. Mark Liaboe

Mailing Address 1515 Delhi Street

City State Zip Code
Dubuque IA 52001

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

Name of Employer Occupation
Dubuque Internal Medicine Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.11392

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Loeb

Mailing Address 269 N 1st Avenue

City State Zip Code
Iowa City IA 52245-3616

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

Name of Employer Occupation
Iowa City Family Practice Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.11374

Amount of Each Receipt this Period

100.00

Contribution

C.

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

Mailing Address 1223 E Gear Avenue

City State Zip Code
West Burlington IA 52655

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

Name of Employer Occupation
Great River Womens Health Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.11375

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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 / 19
(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)
Elizabeth Mc Inerney
Mailing Address 3924 Orchard 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0
Transaction ID: SA11AI.11376
Amount of Each Receipt this Period
250.00
Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Thomas Mukkada
Mailing Address 312 E Alta Vista
City State Zip Code
Ottumwa IA 52501
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Ottumwa Anesthesia Services Physician
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.11393
Amount of Each Receipt this Period
750.00
Contribution

C. 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.11363
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 14 / 19

(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)
Mark Niemer

Mailing Address 1500 Associates Drive

City State Zip Code
Dubuque IA 52002

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

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

Transaction ID: SA11AI.11368

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Noreen O'Shea

Mailing Address 4343 Far Hills Road

City State Zip Code
Sioux City IA 51104-1030

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

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.11380

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Jennifer Palmer

Mailing Address 404 Jefferson

City State Zip Code
Pella IA 50219

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

Name of Employer Occupation
Iowa Dermatology, Inc. Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.11377

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 15 / 19

(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)
Dawn Schissel

Mailing Address 230 S 68th Street

City State Zip Code
West Des Moines IA 50266

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

Name of Employer Occupation
Jordan Creek Family Medicine Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.11369

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Larry Severidt

Mailing Address 1801 Hichman Road

City State Zip Code
Des Moines IA 50314

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

Name of Employer Occupation
Broadlawns Medical Center Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.11400

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Tom Throckmorton

Mailing Address 1823 Hwy Blvd Suite 5

City State Zip Code
Spencer IA 51301

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

Name of Employer Occupation
NW Iowa Surgeons Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.11394

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 / 19
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Daniel J Vos

Mailing Address 2020 Philadelphia Street

City State Zip Code
Ames IA 50010

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
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: SA11AI.11401

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Kent D Walker

Mailing Address 1005 E Pennsylvania Avenue
Suite 210

City State Zip Code
Ottumwa IA 52501

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

Name of Employer Occupation
Associates in Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: SA11AI.11378

Amount of Each Receipt this Period
250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mrs. Tess Young

Mailing Address 12595 NW 72nd Street

City State Zip Code
Polk City IA 50226-0097

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

Name of Employer Occupation
None Physician Spouse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: SA11AI.11402

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)	11850.00

**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)

PAGE 17 / 19

<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: SB22.11408 Date of Disbursement
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Joint Solicitation of Funds	<input type="text" value="200.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11409 Date of Disbursement
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Joint Solicitation of Funds	<input type="text" value="100.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11410 Date of Disbursement
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Joint Solicitation of Funds	<input type="text" value="600.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11411 Date of Disbursement 11 / 04 / 2010
	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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11412 Date of Disbursement 11 / 11 / 2010
	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	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB22.11413 Date of Disbursement 11 / 18 / 2010
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600	Amount of Each Disbursement this Period 1100.00
	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 State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	2400.00

**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)

PAGE 19 / 19

<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)
Governor Branstad 2010

Transaction ID: SB29.11406
Date of Disbursement

Mailing Address 1324 274th Lane

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

City State Zip Code
Boone IA 50036

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Political Contribution

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

10000.00
