

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Iowa Medical Society Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		29727.19
(b) Cash on Hand at Beginning of Reporting Period.....	29727.19	
(c) Total Receipts (from Line 19)	28952.65	28952.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58679.84	58679.84
7. Total Disbursements (from Line 31).....	13740.00	13740.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44939.84	44939.84
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).....	27850.00	27850.00
(ii) Unitemized	1100.00	1100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28950.00	28950.00
(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)	28950.00	28950.00
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.).....	2.65	2.65
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 Transfers (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))..... ▶	28952.65	28952.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28952.65	28952.65

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	7740.00	7740.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	6000.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	13740.00	13740.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13740.00	13740.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	28950.00	28950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28950.00	28950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<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. Dr. Johanna Abernathy
 Full Name (Last, First, Middle Initial)
 Mailing Address 855 A Avenue, NE
 Box 3080
 City Cedar Rapids State IA Zip Code 52406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN Associates Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.12300
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Candyce Ackland
 Full Name (Last, First, Middle Initial)
 Mailing Address 4626 Progress Drive
 City Davenport State IA Zip Code 52807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great River Medical Group Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2013
Transaction ID : SA11AI.12235
 Amount of Each Receipt this Period
 250.00
 Contribution

C. Dr. Jeffrey D Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 Pleasant Street
 Suite 400
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2013
Transaction ID : SA11AI.12241
 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 7 OF 40
<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. Kenneth Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 855 A Avenue NE
Suite 300

City Cedar Rapids State IA Zip Code 52402-5064

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

Name of Employer Cedar Rapids Pediatrics Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 30 / 2013
Transaction ID : SA11AI.12301

Amount of Each Receipt this Period
250.00

Contribution

B. Dr. Thaddeus Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Delhi Street
Suite 3100

City Dubuque State IA Zip Code 52001

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

Name of Employer Dubuque Obstetrics & Gynecology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 17 / 2013
Transaction ID : SA11AI.12322

Amount of Each Receipt this Period
1000.00

Contribution

C. Amir I Arbisser
Full Name (Last, First, Middle Initial)

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 ▼
250.00

Date of Receipt
03 / 25 / 2013
Transaction ID : SA11AI.12272

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 40
(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. Lisa Banitt
Full Name (Last, First, Middle Initial)
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 McFarland Clinic Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 25 / 2013
Transaction ID : SA11AI.12274
Amount of Each Receipt this Period 250.00
Contribution

B. Thomas Benzoni
Full Name (Last, First, Middle Initial)
Mailing Address 4343 Far Hills Road
City Sioux City State IA Zip Code 51104
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 17 / 2013
Transaction ID : SA11AI.12323
Amount of Each Receipt this Period 250.00
Contribution

C. Dr. Elaine Berry
Full Name (Last, First, Middle Initial)
Mailing Address 1501 E 10th Street Box 429
City Atlantic State IA Zip Code 50022
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlantic Medical Center Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 25 / 2013
Transaction ID : SA11AI.12287
Amount of Each Receipt this Period 500.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... 1000.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 40
(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

Full Name (Last, First, Middle Initial)
A. Sharon Bertroche

Mailing Address 3701 Katz Drive

City Marion State IA Zip Code 52302-3871

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

Name of Employer MercyCare Marion 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
 03 / 25 / 2013
Transaction ID : SA11AI.12277

Amount of Each Receipt this Period
 250.00

Contribution

Full Name (Last, First, Middle Initial)
B. Dr. Randall Brenton

Mailing Address 3121 4th Street, SW

City Mason City State IA Zip Code 40404

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

Name of Employer N Iowa Eye Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : SA11AI.12296

Amount of Each Receipt this Period
 300.00

Contribution

Full Name (Last, First, Middle Initial)
C. 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : SA11AI.12297

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)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<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	<input type="checkbox"/> 17

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

A. Michael S Brooks
Full Name (Last, First, Middle Initial)

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 ▼ **750.00**

Date of Receipt **05 / 17 / 2013**

Transaction ID : SA11AI.12321

Amount of Each Receipt this Period **250.00**

Contribution

B. Ila Chandani
Full Name (Last, First, Middle Initial)

Mailing Address 5900 E University Avenue

City Pleasant Hill State IA Zip Code 50327

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

Name of Employer Mercy East Family Practice Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 18 / 2013**

Transaction ID : SA11AI.12238

Amount of Each Receipt this Period **500.00**

Contribution

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

Mailing Address 1500 Associates Drive

City Dubuque State IA Zip Code 52002

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 30 / 2013**

Transaction ID : SA11AI.12302

Amount of Each Receipt this Period **250.00**

Contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 11 OF 40
(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

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

Mailing Address 1223 S Gear Avenue

City	State	Zip Code
West Burlington	IA	52655

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

Name of Employer	Occupation
Self	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.12245

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
B. 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 ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.12246

Amount of Each Receipt this Period
750.00

Contribution

Full Name (Last, First, Middle Initial)
C. Adrian Cordovi

Mailing Address 611 34th Street

City	State	Zip Code
Sioux City	IA	51104

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

Name of Employer	Occupation
Self Employed	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.12324

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 12 OF 40
	<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	<input type="checkbox"/> 17

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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
04 / 30 / 2013
Transaction ID : SA11AI.12303

Amount of Each Receipt this Period
500.00

Contribution

B. Dr. Richard Deming
Full Name (Last, First, Middle Initial)

Mailing Address 411 Laurel Street

City Des Moines State IA Zip Code 50314-3005

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

Name of Employer Therapeutic Radiology Assoc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 30 / 2013
Transaction ID : SA11AI.12304

Amount of Each Receipt this Period
250.00

Contribution

C. Dr. Michael A Disbro
Full Name (Last, First, Middle Initial)

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
05 / 17 / 2013
Transaction ID : SA11AI.12332

Amount of Each Receipt this Period
250.00

Contribution

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<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. Jeffrey Dunkelberg
Full Name (Last, First, Middle Initial)

Mailing Address 521 W Park Road

City Iowa City State IA Zip Code 52246

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

Name of Employer UI Hosp & 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
 02 / 28 / 2013
Transaction ID : SA11AI.12250

Amount of Each Receipt this Period
 250.00

Contribution

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

Mailing Address 1500 Delhi Street

City Dubuque State IA Zip Code 52001-6319

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

Name of Employer Dubuque OB/GYN 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
 03 / 25 / 2013
Transaction ID : SA11AI.12263

Amount of Each Receipt this Period
 250.00

Contribution

c. Dr. Marygrace Elson
Full Name (Last, First, Middle Initial)

Mailing Address Dept of OB/GYN
U/I Hospitals

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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.12314

Amount of Each Receipt this Period
 750.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 40
(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. Dr. Thomas Evans
Full Name (Last, First, Middle Initial)
Mailing Address 100 E Grand Avenue
City Des Moines State IA Zip Code 50309
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Healthcare Collaborative Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : SA11AI.12289
Amount of Each Receipt this Period **750.00**
Contribution

B. Dr. Janice Galli
Full Name (Last, First, Middle Initial)
Mailing Address 4545 Sergeant Road
City Sioux City State IA Zip Code 51106
FEC ID number of contributing federal political committee. **C**
Name of Employer Morningside Family Practice Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 17 / 2013**
Transaction ID : SA11AI.12326
Amount of Each Receipt this Period **250.00**
Contribution

C. Dr. Steven p Goetz
Full Name (Last, First, Middle Initial)
Mailing Address 1000 4th Street, SW
City Mason City State IA Zip Code 50401-2849
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Medical Ctr North Iowa Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : SA11AI.12294
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: (check only one)	PAGE 15 OF 40
	<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. Dr. Mark Hermann
Full Name (Last, First, Middle Initial)

Mailing Address 1515 Delhi Street

City Dubuque State IA Zip Code 52001

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

Name of Employer Dubuque Internal Medicine 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
 04 / 30 / 2013

Transaction ID : SA11AI.12317

Amount of Each Receipt this Period
 250.00

Contribution

B. Curtis Hoegh
Full Name (Last, First, Middle Initial)

Mailing Address 909 SW Oralabor Road

City Ankeny State IA Zip Code 50021

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

Name of Employer Ankeny OB/GYN 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
 02 / 28 / 2013

Transaction ID : SA11AI.12254

Amount of Each Receipt this Period
 250.00

Contribution

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

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013

Transaction ID : SA11AI.12275

Amount of Each Receipt this Period
 500.00

Contribution

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 40
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	<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

Full Name (Last, First, Middle Initial) A. Christine Holm		Date of Receipt
Mailing Address 1000 Langworthy		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dubuque	IA	52001
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.12290
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Contribution
Medical Associates Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J William Holtze		Date of Receipt
Mailing Address 1221 Pleasant Street Suite 500		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Des Moines	IA	50309
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.12267
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Contribution
The Iowa Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lawrence Hutchison		Date of Receipt
Mailing Address 1500 Delhi Street Suite 4100		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dubuque	IA	52001
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.12327
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Name of Employer	Occupation	Contribution
Tri State Family Practice	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
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: (check only one)	PAGE 17 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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

Full Name (Last, First, Middle Initial) A. Dr. Bradley Isaak		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : SA11AI.12268
Mailing Address 3121 4th Street, SW P.O. Box 1877		Amount of Each Receipt this Period 250.00
City Mason City	State IA	Zip Code 50401-1877
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer N Iowa Eye Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John Jabour		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : SA11AI.12295
Mailing Address 1215 Pleasant Street		Amount of Each Receipt this Period 250.00
City Des Moines	State IA	Zip Code 50307
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Associated Anesthesiologists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Janice A Kirsch		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 Transaction ID : SA11AI.12328
Mailing Address 1010 4th Street, SW Suite 240		Amount of Each Receipt this Period 750.00
City Mason City	State IA	Zip Code 50401
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Mercy Womens Health Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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: (check only one)	PAGE 18 OF 40
	<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. Michael Kitchell
Full Name (Last, First, Middle Initial)

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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.12305

Amount of Each Receipt this Period
 750.00

Contribution

B. Dr. George Lederhaas
Full Name (Last, First, Middle Initial)

Mailing Address 1215 Pleasant Suite 400

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
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : SA11AI.12243

Amount of Each Receipt this Period
 250.00

Contribution

C. Yasyn Lee
Full Name (Last, First, Middle Initial)

Mailing Address 200 Mercy Drive

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.12335

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: (check only one)	PAGE 19 OF 40
<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. James Lehman
Full Name (Last, First, Middle Initial)

Mailing Address 1227 E Rusholme Street

City Davenport State IA Zip Code 52803

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

Name of Employer Genesis Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2013
Transaction ID : SA11AI.12306

Amount of Each Receipt this Period 250.00

Contribution

B. Randall W Lengeling
Full Name (Last, First, Middle Initial)

Mailing Address 1515 Delhi Street Ste 100

City Dubuque State IA Zip Code 52001

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

Name of Employer Dubuque Internal Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2013
Transaction ID : SA11AI.12339

Amount of Each Receipt this Period 250.00

Contribution

C. Dr. Mark Liaboe
Full Name (Last, First, Middle Initial)

Mailing Address 1515 Delhi Street

City Dubuque State IA Zip Code 52001

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

Name of Employer Dubuque Internal Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2013
Transaction ID : SA11AI.12255

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 20 OF 40
(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

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

Mailing Address 411 Laurel Street
Suite 2100

City Des Moines State IA Zip Code 50314

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

Name of Employer Mercy Surgical Affiliates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
04 / 30 / 2013
Transaction ID : SA11AI.12308

Amount of Each Receipt this Period
750.00

Contribution

Full Name (Last, First, Middle Initial)
B. Robert Major

Mailing Address 119 19th Street

City West Des Moines State IA Zip Code 50265

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

Name of Employer Mercy West Grand Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 25 / 2013
Transaction ID : SA11AI.12292

Amount of Each Receipt this Period
250.00

Contribution

Full Name (Last, First, Middle Initial)
C. Gary Mansheim

Mailing Address 1201 W Agency Road

City West Burlington State IA Zip Code 52655

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

Name of Employer Burlington Family Practice Ctr Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 28 / 2013
Transaction ID : SA11AI.12260

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: (check only one)	PAGE 21 OF 40
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	<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. 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 02 / 18 / 2013
Transaction ID : SA11AI.12240

Amount of Each Receipt this Period 250.00

Contribution

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

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 02 / 28 / 2013
Transaction ID : SA11AI.12256

Amount of Each Receipt this Period 250.00

Contribution

C. Harold W Miller
Full Name (Last, First, Middle Initial)

Mailing Address 210 W 53rd Street

City Davenport State IA Zip Code 52806

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 ▼ 500.00

Date of Receipt 03 / 25 / 2013
Transaction ID : SA11AI.12279

Amount of Each Receipt this Period 500.00

Contribution

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 40
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	<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. Roy Molina
Full Name (Last, First, Middle Initial)
Mailing Address 411 Laurel Street
City Des Moines State IA Zip Code 50314-3085
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 **500.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : SA11AI.12280
Amount of Each Receipt this Period **500.00**
Contribution

B. Dr. Kenton Moss
Full Name (Last, First, Middle Initial)
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 **500.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : SA11AI.12269
Amount of Each Receipt this Period **500.00**
Contribution

C. John Newell
Full Name (Last, First, Middle Initial)
Mailing Address 200 Hawkins Road
City Iowa City State IA Zip Code 52242-1082
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 **05 / 09 / 2013**
Transaction ID : SA11AI.12320
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: (check only one)	PAGE 23 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mark Niemer

Mailing Address 1500 Associates Drive

City Dubuque State IA Zip Code 52002

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

Name of Employer Medical Associates Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 17 / 2013**

Transaction ID : SA11AI.12336

Amount of Each Receipt this Period **250.00**

Contribution

Full Name (Last, First, Middle Initial)
B. Juan Nieto

Mailing Address 2140 John F Kennedy Road

City Dubuque State IA Zip Code 52002

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

Name of Employer Fuerste Eye Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : SA11AI.12244

Amount of Each Receipt this Period **250.00**

Contribution

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

Mailing Address 1820 W 3rd Street

City Davenport State IA Zip Code 52802

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

Name of Employer Davenport Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 30 / 2013**

Transaction ID : SA11AI.12309

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 24 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Dr. James Paulson
Full Name (Last, First, Middle Initial)

Mailing Address 217 4th Avenue, W

City Grinnell State IA Zip Code 50112-0653

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

Name of Employer Grinnell Family Care 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
 04 / 30 / 2013
Transaction ID : SA11AI.12311

Amount of Each Receipt this Period
 250.00

Contribution

B. Steven Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 105 E Main Street

City Waukon State IA Zip Code 52172

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

Name of Employer Franciscan Skemp Health Ctr 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
 03 / 25 / 2013
Transaction ID : SA11AI.12270

Amount of Each Receipt this Period
 250.00

Contribution

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

Mailing Address 2535 Maplecrest Road Suite 20

City Bettendorf State IA Zip Code 52722

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : SA11AI.12257

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 25 OF 40
	<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	<input type="checkbox"/> 17

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

A. Farida Rajput
Full Name (Last, First, Middle Initial)

Mailing Address 1351 E Kimberly Road

City Bettendorf State IA Zip Code 52722

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

Name of Employer Radiation Therapy Center 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
 02 / 28 / 2013
Transaction ID : SA11AI.12258

Amount of Each Receipt this Period
 250.00

Contribution

B. Dr. Stephen Richards
Full Name (Last, First, Middle Initial)

Mailing Address 1519 S Phillips Street

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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.12312

Amount of Each Receipt this Period
 750.00

Contribution

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

Mailing Address 6200 Westown Parkway

City West Des Moines State IA Zip Code 50266

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

Name of Employer Wolfe Eye Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.12337

Amount of Each Receipt this Period
 500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Larry Severidt
Full Name (Last, First, Middle Initial)
Mailing Address 1801 Hichman Road
City Des Moines State IA Zip Code 50314
FEC ID number of contributing federal political committee. **C**
Name of Employer Broadlawn Medical Center Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 30 / 2013**
Transaction ID : SA11AI.12319
Amount of Each Receipt this Period **250.00**
Contribution

B. Victoria Sharp
Full Name (Last, First, Middle Initial)
Mailing Address 200 Hawkins Drive Dept of Urology
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 **750.00**

Date of Receipt **04 / 30 / 2013**
Transaction ID : SA11AI.12315
Amount of Each Receipt this Period **750.00**
Contribution

C. Siroos Shirazi
Full Name (Last, First, Middle Initial)
Mailing Address 3670 Forest Gate Drive NE
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 **250.00**

Date of Receipt **05 / 17 / 2013**
Transaction ID : SA11AI.12329
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: (check only one)	PAGE 27 OF 40
	<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. Dr. Robert Shires
Full Name (Last, First, Middle Initial)

Mailing Address 2103 Ingersoll Avenue

City Des Moines State IA Zip Code 50312

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

Name of Employer Ingersoll Family Physicians 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
 02 / 18 / 2013
Transaction ID : SA11AI.12242

Amount of Each Receipt this Period
 250.00

Contribution

B. Dr. Jean B Spencer
Full Name (Last, First, Middle Initial)

Mailing Address 6000 University Suite 475

City West Des Moines State IA Zip Code 50266

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

Name of Employer Childrens Eye Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : SA11AI.12283

Amount of Each Receipt this Period
 500.00

Contribution

C. Douglas Steenblock
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Summit Street

City Marshalltown State IA Zip Code 50158

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

Name of Employer Iowa Veteran's Home 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
 05 / 17 / 2013
Transaction ID : SA11AI.12330

Amount of Each Receipt this Period
 250.00

Contribution

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 40
	<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

Full Name (Last, First, Middle Initial) A. Patrick Sullivan		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : SA11AI.12285
Mailing Address 6001 Westown Parkway		Amount of Each Receipt this Period 500.00
City West Des Moines	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer DSM Orthopaedic Surgeons	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. David L Thomas		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : SA11AI.12316
Mailing Address 303 N Nicholas Drive Suite 1		Amount of Each Receipt this Period 250.00
City Marshalltown	State IA	Zip Code 50158
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer McFarland Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. R. Bruce Trimble		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : SA11AI.12271
Mailing Address 250 S Crescent Drive		Amount of Each Receipt this Period 250.00
City Mason City	State IA	Zip Code 50401
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Mercy Internal Medicine Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 OF 40
(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. Dr. Frank Veltri
 Full Name (Last, First, Middle Initial)
 Mailing Address 3201 1st Street
 City Emmetsburg State IA Zip Code 50536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Practice Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : SA11AI.12313
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Michael Versackas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Pleasant Street Suite 202
 City Des Moines State IA Zip Code 50309-1469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Ophthalmologists 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
 02 / 28 / 2013
Transaction ID : SA11AI.12259
 Amount of Each Receipt this Period
 250.00
 Contribution

C. Joyce Vista-Wayne
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 E Alta Vista
 City Ottumwa State IA Zip Code 52501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ottumwa Regional Health Center 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
 05 / 17 / 2013
Transaction ID : SA11AI.12331
 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 30 OF 40
<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. Dr. Theresa Marie Wahlig Feldmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Walnut Street
 City Des Moines State IA Zip Code 50309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newborn Specialists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : SA11AI.12265
 Amount of Each Receipt this Period **250.00**
 Contribution

B. Dr. Kenneth Wayne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 Pennsylvania Avenue
 City Ottumwa State IA Zip Code 52501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Internal Medicine North Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 14 / 2013**
Transaction ID : SA11AI.12234
 Amount of Each Receipt this Period **250.00**
 Contribution

C. Thomas Wernimont
 Full Name (Last, First, Middle Initial)
 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 Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : SA11AI.12286
 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 31 OF 40
	<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	<input type="checkbox"/> 17

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

A. Mr. R Edward Whitver
 Full Name (Last, First, Middle Initial)
 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 Sr. VP - Administration
 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
 04 / 30 / 2013
Transaction ID : SA11AI.12318
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Donald C Young, DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1371 NW 121st Street
 City Clive State IA Zip Code 50325-8143
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2013
Transaction ID : SA11AI.12338
 Amount of Each Receipt this Period
 750.00
 Contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	27850.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input 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

Full Name (Last, First, Middle Initial)

A. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		05		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB22.12342

Purpose of Disbursement
Joint Solicitation of Funds

Amount of Each Disbursement this Period

100.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB22.12343

Purpose of Disbursement
Joint Solicitation of Funds

Amount of Each Disbursement this Period

100.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB22.12344

Purpose of Disbursement
Joint Solicitation of Funds

Amount of Each Disbursement this Period

200.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

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

400.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB22.12345

Purpose of Disbursement
Joint Solicitation of Funds

Amount of Each Disbursement this Period

300.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB22.12346

Purpose of Disbursement
Joint Solicitation of Funds

Amount of Each Disbursement this Period

300.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB22.12347

Purpose of Disbursement
Joint Solicitation of Funds

Amount of Each Disbursement this Period

1110.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

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

1710.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

Transaction ID : SB22.12348

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

1010.00

Purpose of Disbursement
Joint Solicitatin of Funds

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

Transaction ID : SB22.12349

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

610.00

Purpose of Disbursement
Joint Solicitation of Funds

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

Transaction ID : SB22.12350

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

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

2020.00

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

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

Transaction ID : SB22.12351

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

Transaction ID : SB22.12352

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

1210.00

Purpose of Disbursement
Joint Solicitation of Funds

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

Transaction ID : SB22.12353

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

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

2010.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

Transaction ID : SB22.12358

Purpose of Disbursement
Joint Solicitation of Funds

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

200.00

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

200.00

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

7740.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Iowa Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Baltimore for Iowa House

Mailing Address 521 South Delaware Street

City Boone State IA Zip Code 50036

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2013

Transaction ID : SB29.12371

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Citizens for Gronstal

Mailing Address 220 Bennett Avenue

City Council Bluffs State IA Zip Code 51503

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2013

Transaction ID : SB29.12365

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends for Dix

Mailing Address PO box 220

City Shell Rock State IA Zip Code 50670

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2013

Transaction ID : SB29.12364

Amount of Each Disbursement this Period

1000.00

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

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

2750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. McCarthy for State Representative

Mailing Address 5220 SE 31st Court

City Des Moines State IA Zip Code 50320

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	3

Transaction ID : SB29.12359

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Paulsen for State House Committee

Mailing Address PO Box 250

City Hiawatha State IA Zip Code 52233

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.12360

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Governor Branstad Committee

Mailing Address PO Box 268

City Brooklyn State IA Zip Code 52211

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.12369

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Iowa Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wilhelm for Iowa Senate

Mailing Address 414 North Elm

City Cresco State IA Zip Code 52136

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2013

Transaction ID : SB29.12366

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

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

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

1000.00

6000.00