

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

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

FOR LINE NUMBER: PAGE 12 OF 17
 (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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lee, Kiwhoon, , ,

Mailing Address 19440 251st Ave

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quint Cities Radiation Oncolog

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2019

Transaction ID : SA11AI.13756

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin, Joseph G, , ,

Mailing Address 2300 53rd Avenue

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA Orthopedics

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2019

Transaction ID : SA11AI.13735

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McCoy, Michael J, , ,

Mailing Address 1223 E Gear Avenue

City
West Burlington

State
IA

Zip Code
52655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great River Womens Health

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2019

Transaction ID : SA11AI.13750

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

1100.00