

# **One-Time Contribution Report By Permanent Organization**

## **Marshalltown Medical & Surgical Center**

Name of Committee Receiving Contribution:

**Vote Yes Committee  
PO Box 1703  
Marshalltown, IA 50158  
Marshall**

Date of Contribution:

**7/27/2006**

Amount of Contribution:

**\$10,000.00**

In-Kind Contribution:

**No**