Image# 14950043103 PAGE 1 / 26

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
College of American F	Pathologists Political	Action Committee	
ADDRESS (number and street)	1350 I Street, NW Suite 590		
Check if different than previously reported. (ACC)	Washington		DC 20005 -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00274944		IS THIS REPORT X (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		y 20 (M5) X Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) 1 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election
(a) Quarterly Reports:			20 (M7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (0	PRE-Election Report for the:	Convention (12	C) Special (12S)
Quarterly Report (0	Florid	on on	in the State of
Year-End Report (` July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 0	7 01 2014	through	07 31 2014
I certify that I have examined the	his Report and to the best o	f my knowledge and bel	ief it is true, correct and complete.
Type or Print Name of Treasure	er Dr. Paula Pszypko		
Signature of Treasurer Dr.	Paula Pszypko	[Electronically F	iled] Date 08 19 2014
NOTE: Submission of false, error	neous, or incomplete information	on may subject the persor	n signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 07 01 2014 To: 07 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		476964.56
	(b) Cash on Hand at Beginning of Reporting Period	450626.64	
	(c) Total Receipts (from Line 19)	27201.00	113934.98
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	477827.64	590899.54
7.	Total Disbursements (from Line 31)	24111.90	137183.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	453715.74	453715.74
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

I Popointo	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	40450.00	75004.00
(i) Itemized (use Schedule A)	19450.00	75601.00
(ii) Unitemized	7751.00	17413.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	27201.00	93014.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	27024.00	02044.45
Totals to Line 33, page 5)	27201.00	93014.45
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	19420.53
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	1500.00
. Other Federal Receipts	4	4
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(7	, ,
(h) Lavin Francis (francis Calcadida LIF)	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
(c) Total Transfers (dada Tota) dita Tota);	7	0.00
T. T. J. D		
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	27201.00	113934.98
12, 13, 14, 13, 10, 17, and 10(b))	2/201.00	11334.30
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	27201.00	113934.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10:01 1:110 1 0:100	Guicildai Teal to Bate		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	111.90	683.80		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	111.90	683.80		
Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	24000.00	136500.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
. Coordinated Party Expenditures	7 7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(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		
(add Ellios 20(a), (b), and (c))				
. Other Disbursements	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24111.90	137183.80		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24111.90	137183.80		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	27201.00	93014.45
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27201.00	93014.45
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	111.90	683.80
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	19420.53
8. Net Operating Expenditures (subtract Line 37 from Line 36)	111.90	-18736.73

FOR LINE NUMBER:				GE 6 C)F 26				
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or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Jiri Biorn Bedrnicek MD Mailing Address The Pathology Ctr 8303 Dodge St City Omaha FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NE 68114-4108 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Jane A Bennett-Munro MD Mailing Address Dept of Path 650 Addison Ave W City Twin Falls FEC ID number of contributing federal political committee. Name of Employer St Luke's Magic Valley Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code ID 83301-5444 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 07 23 2014 Transaction ID : SA11AI.50738 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Cathy O Blight MD Mailing Address Dept of Path 1 Hurley Plz City Flint FEC ID number of contributing federal political committee. Name of Employer Hurley Med Ctr Receipt For: Primary General Other (specify)	State Zip Code MI 48503-5902 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 07 22 2014 Transaction ID : SA11AI.50686 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional).	>	1000.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologist	s Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael S Brown MD		Date of Receipt
Mailing Address 2900 12th Ave N Ste 295W		07 31 2014
City	State Zip Code	Transaction ID : SA11AI.50795
Billings	MT 59101-7504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Yellowstone Pathology Institute Inc Bi	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Desiree A Carlson MD		Date of Receipt
Mailing Address Chief of Pathology		M = M / D = D / Y = Y = Y
680 Centre St	State Zip Code	07 23 2014 The same of the sam
Brockton	MA 02302-3308	Transaction ID : SA11AI.50729
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Signature Healthcare Brockton Hosp	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Dr. Sidney Ethan Carpenter MD		Date of Receipt
Mailing Address Dept of Path Yosemite 1 Lab 7300 N Fresno St		07 23 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.50751
Fresno	CA 93720-2941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Kaiser Permanente Med Ctr Fresno	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		4000.00
TOTAL This Period (last page this line number of	nly)	

FOR LINE NUMBER:				PAGE		8	OF		26
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	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	giota Dalitical Action Committee	
College of American Patholo	gists Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Lydia R Christiansen MD		Date of Receipt
Mailing Address 111 S Jefferson ST Suite 150		07 28 _ 2014
City	State Zip Code	Transaction ID : SA11AI.50778
Casper	WY 82601-5090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Wyoming Medical Center	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) B. Dr. Deborah Riley Citron MD		Date of Receipt
Mailing Address Lab/Pathology		M = M / D = D / Y = Y = Y
1504 Taub Loop		07 28 2014
City	State Zip Code	Transaction ID : SA11AI.50761
Houston	TX 77030-1608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Ben Taub Gen Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Bradford Scott Collins MD,	PhD	Date of Receipt
Mailing Address Dept of Path 955 Ribaut Rd		07 22 2014
City	State Zip Code	Transaction ID : SA11AI.50685
Beaufort	SC 29902-5441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Beaufort Mem Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	I)	1000.00
CODINE OF FIGURE 1 THE FAGE (OPTIONAL	<u> </u>	
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathology	gists Political Action Committee	
/	gists i ontical Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. DeWitt S Davenport MD		Date of Receipt
Mailing Address 5013 Oakmont		07 28 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.50764
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Doctors Hosp at Renaissance	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Brenda Lee Eriksen MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
901 MacArthur Blvd	State Zip Code	07 23 2014
City Munster	IN 46321-2901	Transaction ID : SA11AI.50719
-	1002. 200.	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
The Community Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)	, , , , , , , , , , , , , , , , , , , ,	
Dr. Joan E Etzell MD		Date of Receipt
Mailing Address Shared Laboratory 2950 Collier Canyon Rd		07 28 2014
City	State Zip Code	Transaction ID : SA11AI.50771
Livermore	CA 94551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Sutter Health	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
		1000.00
SUBTOTAL of Receipts This Page (optional)	1900.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full)		
$\Big angle$ College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Edward Ewing DO		Date of Receipt
Mailing Address Lab		M = M / D = D / Y = Y = Y
405 W Grand Ave	State Zip Code	07 23 2014 Transaction ID + SA11AL F0730
Dayton	OH 45405-4720	Transaction ID : SA11AI.50730 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each neceipt this Period
federal political committee.	C	1500.00
Name of Employer	Occupation	
Grandview Hospital and Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Dr. Michael Jean Goldfischer MD		Date of Receipt
Mailing Address Path Dept		M M / D D / Y Y Y Y
30 Prospect Ave	State Zip Code	07 23 2014
Hackensack	NJ 07601-1914	Transaction ID : SA11AI.50744 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Heceipt this Fellou
federal political committee.	C	400.00
Name of Employer	Occupation	
Hackensack Univ Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 400.00	
Full Name (Last, First, Middle Initial) Dr. Stanley R Hamilton MD		Date of Receipt
Mailing Address Path AND Lab Med/Unit 85		M = M / D = D / Y = Y = Y
1515 Holcombe Blvd		07 11 2014
City	State Zip Code	Transaction ID : SA11AI.50678
Houston	TX 77030-4000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
UTMD Anderson Cancer Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	·····	2400.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr Jonathan S Krauss MD		Date of Receipt
Mailing Address PO Box 12611		07 17 2014
City	State Zip Code	Transaction ID : SA11AI.50681
Augusta	GA 30914-0611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
unaffiliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	252.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Rosanna L Lapham MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
101 E Wood St	State Zip Code	07 27 2014
City	State Zip Code SC 29303	Transaction ID : SA11AI.50758
Spartanburg	29303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
Spartanburg Regional Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	750.00	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Guillermo G Martinez-Torres	MD	Date of Receipt
Mailing Address 2323 N Lake Dr		07 31 _2014 _
City	State Zip Code	Transaction ID : SA11AI.50794
Milwaukee	WI 53211-4508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	
Columbia St Marys Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	only)	
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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ete Political Action Committee	
College of American Pathologic	SIS FUIILICAI ACIION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Denis M McCarthy MD		Date of Receipt
Mailing Address PO Box 72059		07 23 2014
City	State Zip Code	Transaction ID : SA11AI.50728
Eugene	OR 97401-0285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Pathology Consultants PC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) E. Raouf Nakhleh Dr.		Date of Receipt
Mailing Address Department of Pathology		M = M / D = D / Y = Y = Y
4201 Belfort Rd	Chata 7'- 0 '	07 23 2014
City	State Zip Code	Transaction ID : SA11AI.50748
Jacksonville	FL 32216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
St. Luke's Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Cooley G Pantazis MD		Date of Receipt
Mailing Address 2240 SE 5th St		07 22 2014
City	State Zip Code	Transaction ID : SA11AI.50687
Ocala	FL 34471-2617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Hemacon Laboratories LLC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
	<u>*</u>	
TOTAL This Period (last page this line number	r only)	

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26

for each category of the Detailed Summary Page 13 14 15 16 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) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert Laurence Randell Jr MD Date of Receipt Mailing Address 491 Sylvan Dr 2014 City Zip Code State Transaction ID: SA11AI.50707 FL Winter Park 32789-3974 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Florida Hospital Orlando Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michele T Rooney MD Date of Receipt Mailing Address 3601 W 13 Mile Rd 07 22 2014 City State Zip Code Transaction ID: SA11AI.50701 Royal Oak MI 48073-6769 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Beaumont Health System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. James Joseph Schnabel MD, PhD Date of Receipt Mailing Address Path Dept 07 24 2014 3300 NW Expressway 2nd Fl City Zip Code State Transaction ID: SA11AI.50756 OK Oklahoma City 73112-4999 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Integris Baptist Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		13		14		15		16			17

	Statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Mary Ann Sens MD,PhD Mailing Address School of Medicine HIth Sci		Date of Receipt
Dept of Path Rm 3133 Stop 9	9037, 50	07 16 2014
City	State Zip Code	Transaction ID : SA11AI.50680
Grand Forks	ND 58203-2817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Univ of North Dakota School of Medicin	Pathologist	
Receipt For: Primary General Other (creatify)	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Suash Sharma MD		Date of Receipt
Mailing Address Dept of Path BAE 2571C 1120 15th St	Chata Zin Coda	07 28 2014
City	State Zip Code GA 30912-0004	Transaction ID : SA11AI.50786
Augusta	GA 30912-0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Georgia Regents University	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Ross W Simpson MD		Date of Receipt
Mailing Address Dept of Path-Meadowbrook 6500 Excelsior Blvd		07 22 2014
City St Louis Park	State Zip Code MN 55426	Transaction ID : SA11AI.50711 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Park Nicollet Methodist Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	>	1800.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE I (check only)

FOF	PAGE	_ ′	15	OF		26					
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Roman Velez-Rosario MD,PhD Mailing Address URB EI Alamo G5 Calle San Jacinto City Guaynabo FEC ID number of contributing federal political committee. Name of Employer ASEM Receipt For: Primary General Other (specify)	State Zip Code PR 00969-4515 C Occupation unaffiliated Aggregate Year-to-Date ▼	Date of Receipt 07
Full Name (Last, First, Middle Initial) Dr. Stephen Christopher Ward MD, Mailing Address Annenberg Bldg/Dept of Path One Gustave L Levy Place B City New York FEC ID number of contributing federal political committee. Name of Employer Mt. Sinai School of Medicine Receipt For: Primary General Other (specify)		Date of Receipt 07 23 2014 Transaction ID: SA11AI.50753 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Geoffrey Stuart Weisbaum Do Mailing Address 9450 E Broadview Dr City Bay Harbor Islands FEC ID number of contributing federal political committee. Name of Employer FirstPath LLC Receipt For: Primary General Other (specify)	State Zip Code FL 33154-1916 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt 07 23 2014 Transaction ID : SA11AI.50736 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number	only)	

FOF	PAGE		16	OF		26				
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	statements may not be sold or used by any personal parties and address of any political committee to	
NAME OF COMMITTEE (In Full)	to Dalle Land Committee	
College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Jeff A. Welsh MD		Date of Receipt
Mailing Address Lexington Medical Center		M = M / D = D / Y = Y = Y
Dept of Path	State 7:- O- 1	07 11 2014
City West Columbia	State Zip Code SC 29169-4810	Transaction ID : SA11AI.50674
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
unaffiliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. William W West MD		Date of Receipt
Mailing Address Path and Micro		M = M / D = D / Y = Y = Y
983135 Nebraska Medical Ct		07 23 2014
City Omaha	State Zip Code NE 68198-3135	Transaction ID : SA11AI.50754
_	00.000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Univ of Nebraska Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Dr. John T Yamashita MD		Date of Receipt
Mailing Address PO Box 9600		07 28 2014
City	State Zip Code	Transaction ID : SA11AI.50772
Mission Hills	CA 91346-9600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Providence Holy Cross Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
		
TOTAL This Period (last page this line number	only)	

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

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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

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Patholog	gists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michelle K Zimmerman MD Mailing Address 350 W 11th St Ste 5046		Date of Receipt O7 23 2014
City Indianapolis	State Zip Code IN 46202-4108	Transaction ID : SA11AI.50745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Indiana University School of Medicine	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	A THOUSE OF EACH PROOFE WHO I CHOO
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	·	Date of Receipt
Mailing Address	Charles 7 in Co. de	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Receipt For:	Occupation	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line numb	er only)	19450.00

SCHEDULE B (FEC Form 3X)	Hoo consists asked (1)	FOR LINE	PAGE 18 OF 26		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Onlook only	(check only one)		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30k	
Any information copied from such Reports and Statem	ents may not be sold or u				
or for commercial purposes, other than using the name	e and address of any politi	cal committee to	solicit contributions fro	m such committee.	
NAME OF COMMITTEE (In Full)					
College of American Pathologists P	olitical Action Com	mittee			
Full Name (Last, First, Middle Initial)					
A. Sun Trust Bank			Date of Disburseme		
Mailing Address P.O. Box 85024			07 03	2014	
City	tate Zip Code		Transaction ID - C	D04D 50670	
	VA 23285		Transaction ID : S	B21B.30070	
Purpose of Disbursement Suntrust Moneris ACH Discount			Amount of Each Dis	bursement this Period	
Candidate Name		Category/ Type		41.90	
Office Sought: House Disbursem	nent For:	1,700			
	Primary General				
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Full Name (Last, First, Middle Initial) B. Sun Trust Bank			Date of Disburseme	nt	
Suil Hust Dalik			M M / D D	/ Y Y Y Y Y	
Mailing Address P.O. Box 85024			07 21	2014	
•	tate Zip Code VA 23285		Transaction ID : S	B21B.50671	
Purpose of Disbursement Suntrust Account Analysis Fee			Amount of Each Dis	bursement this Period	
Candidate Name		Category/			
		Type		70.00	
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l				111.90	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OI	F 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28 28a 28b 29	26 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar	ments may not be sold or us me and address of any polition	sed by any perso cal committee to	on for the purpose of soliciting contribution solicit contributions from such committe	ons e.
NAME OF COMMITTEE (In Full)				
College of American Pathologists I	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. ALASKANS FOR BEGICH 2014			Date of Disbursement	V
Mailing Address 1231 W NORTHERN LTS #605			07 23 2014	
City	State Zip Code		Transaction ID : SB23.50659	
ANCHORAGE	AK 99503		Transaction ib . 3B23.30039	
Purpose of Disbursement			Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/ Type	1000.0	00
Office Sought: House Disburser	ment For: 2014	1,700	, , , , , , , , , , , , , , , , , , , ,	
Senate X	Primary General			
State: AK District: 00	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. ANNA ESHOO FOR CONGRESS			Date of Disbursement	
Mailing Address 555 CAPITOL MALL			07 23 2014	Y
SUITE 1425 City	State Zip Code			
SACRAMENTO	CA 95814		Transaction ID : SB23.50661	
Purpose of Disbursement			Amount of Each Disbursement this Pe	eriod
Candidate Name		Catagony		
		Category/ Type	1500.	00
Office Sought: House Disburser	ment For: 2014			
Senate	Primary General			
President State: CA District: 18	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. BEN CARDIN FOR SENATE			Date of Disbursement	
Mailing Address PO BOX 21093			07 23 2014	Y
City	State Zip Code			
CATONSVILLE	MD 21228		Transaction ID: SB23.50662	
Purpose of Disbursement				
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Candidate Name		Category/ Type	1000.0	00
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Senate	Primary General			
President	Other (specify) ▼			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 O)F 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29	26 30b
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
College of American Pathologis	ts Political Action Com	mittee		
Full Name (Last, First, Middle Initial)	500		Data of Dishurasment	
A. BRIAN HIGGINS FOR CONGR	ESS		Date of Disbursement	
Mailing Address P.O. BOX 28			07 15 2014	Y
City	State Zip Code		Transaction ID : SB23.50636	
BUFFALO Purpose of Disbursement	NY 14220			
rulpose of disbursement			Amount of Each Disbursement this P	Period
Candidate Name		Cotogony		
		Category/ Type	1000.	.00
Office Sought: House Disb	ursement For: 2014			
Senate	Primary General			
State: NY District: 26	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. BUTTERFIELD FOR CONGRE	99		Date of Disbursement	
- BOTTEN IEED TON CONONE	00		M M / D D / Y Y Y	Υ
Mailing Address P.O. BOX 2571			07 15 2014	
City WILSON	State Zip Code NC 27894		Transaction ID : SB23.50638	
Purpose of Disbursement	27004			
			Amount of Each Disbursement this P	Period
Candidate Name		Category/	1000.	00
05		Type	1000.	.00
Office Sought: House Disb	ursement For: 2014 Primary X General			
President	Other (specify)			
State: NC District: 01	Carlot (openity)			
Full Name (Last, First, Middle Initial)				
C. FAMILIES FOR JAMES LANKE	ORD		Date of Disbursement	
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Mailing Address PO BOX 1639			07 15 2014	
City	State Zip Code			
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Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this P	Period
Candidate Name		Category/ Type	1000.	.00
Office Sought: House Disb	ursement For: 2014	туре		
X Senate	Primary Seneral			
President	Other (specify)			
State: OK District: 00			l .	
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/	College of American Pathologists F	Political	Action Com	mitte	e									
<u></u>	Full Name (Last, First, Middle Initial)													
A.	FRIENDS FOR CHRIS STEWART	, INC.					Date o	f Disb	ourser	ment				
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	Mailing Address 10 WEST BROADWAY						07		17		2	2014	_	
	SUITE 500	State	Zip Code											
	SALT LAKE CITY	UT	84101				Trans	sactio	n ID :	: SB23	.5065	5		
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	President	Other (spe												
	State: UT District: 02	(-1	√											
	Full Name (Last, First, Middle Initial)													
В.	GRASSLEY COMMITTEE						Date o	f Disb	ourser	ment				
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	Mailing Address PO BOX 1000						07		23	3	2	2014	_	
	City	State	Zip Code											
	DES MOINES	IA	50304				Trans	sactio	n ID :	: SB23	.5066	3		
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	Office Sought: House Disbursen	nent For:	2016	- I y	/pe			,		,				
		Primary	General											
		Other (spe												
	State: IA District: 00		·											
_	Full Name (Last, First, Middle Initial)													
C.	GUTHRIE FOR CONGRESS						Date o	f Disb	ourser	ment				
	Matter Address B.O.B. 2000					-	M = M	/	00			044	Υ	
	Mailing Address P.O. Box 9639						07		23	,		014	-	
	City	State	Zip Code											
	Bowling Green	KY	42102				Trans	sactio	: טו מנ	: SB23	.50664	4		
	Purpose of Disbursement				-	7								
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	Detailed Summary Page	21b 27	22 X 23 24 25 28c 29	26 30b
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or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
College of American Pathologists P	olitical Action Comr	mittee		
Full Name (Last, First, Middle Initial)				
A. JAIME FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 1614			07 17 2014	
City	tate Zip Code		Transaction ID 0000 50050	
01110	WA 98642		Transaction ID : SB23.50656	
Purpose of Disbursement			Amount of Each Disbursement this Peri	iod
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		Category/ Type	1000.00)
Office Sought: House Disbursem	ent For: 2014			
	Primary General			
State: WA District: 03	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. JOHN LEWIS FOR CONGRESS			Date of Disbursement	
SOUND FOR SOUNDINESS			M M / D D / Y Y Y Y	1
Mailing Address P.O. BOX 2323			07 15 2014	
	tate Zip Code GA 30301		Transaction ID : SB23.50642	
Purpose of Disbursement	00001			
			Amount of Each Disbursement this Peri	iod
Candidate Name		Category/	1000.00)
Office Sought: N. Hause	ont For: COLL	Type	1000.00	
	ent For: 2014 Primary X General			
	Other (specify)			
State: GA District: 05				
Full Name (Last, First, Middle Initial)				
C. JOHNSON FOR CONGRESS			Date of Disbursement	
Mailing Address D.O. DOV 44422			M M / D D / Y Y Y Y	1
Mailing Address P.O. BOX 14496			07 15 2014	
City	tate Zip Code		Transaction ID - SP22 F0644	
POLAND	OH 44514		Transaction ID : SB23.50644	
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Peri	iod
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Office Sought:	ent For: 2014	31		
	Primary X General			
	Other (specify) ▼			
State: OH District: 06				
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or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)		•			
$ \; angle$ College of American Pathologists I	Political Action Comn	nittee			
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Full Name (Last, First, Middle Initial)	•		Data of Dichurament		
A. LYNN JENKINS FOR CONGRESS	Ó		Date of Disbursement		
Mailing Address P.O. Box 1441			07 15 2014		
			01 10 2011		
City	State Zip Code		Transaction ID : SB23.50645		
Topeka	KS 66601		Transaction ID: 3B23.30045		
Purpose of Disbursement			Amount of Each Disharman and Mile D.		
Candidate Name			Amount of Each Disbursement this Period		
Candidate Ivaine		Category/ Type	1000.00		
Office Sought:	ment For: 2014	rype			
Senate Seagning Senate	Primary General				
President	Other (specify) ▼				
State: KS District: 02	<u> </u>				
Full Name (Last, First, Middle Initial)					
B. MATSUI FOR CONGRESS			Date of Disbursement		
 			M M / D D / Y Y Y Y		
Mailing Address P.O. BOX 1738			07 15 2014		
City	State Zip Code				
SACRAMENTO	CA 95812		Transaction ID : SB23.50649		
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Office County Ad House		Туре	1000.00		
Office Sought: House Disburse	nent For: 2014 Primary				
President	Other (specify)				
State: CA District: 06	• · · · · · · · · · · · · · · · · · · ·				
Full Name (Last, First, Middle Initial)					
C. MORAN FOR KANSAS			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address P.O. BOX 1151			07 23 2014		
Other	7'- 0-1-				
City HAYS	State Zip Code KS 67601		Transaction ID: SB23.50665		
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
		Type	1000.00		
	nent For: 2014				
X Senate	Primary General				
State: KS District:	Other (specify) ▼				
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SUBTOTAL of Disbursements This Page (optional)			3000.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and State or for commercial purposes, other than using the nar			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
College of American Pathologists	Political Action Con	nmittee	
Full Name (Last, First, Middle Initial)			
A. PASCRELL FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 1000			07 23 2014
•	State Zip Code		Transaction ID : SB23.50666
TEANECK	NJ 07666		1141104041011 12 1 0220100000
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary		
State: NJ District: 09			
Full Name (Last, First, Middle Initial)			
3. PETE KING FOR CONGRESS CO	OMMITTEE		Date of Disbursement
Mailing Address POST OFFICE BOX 1428			07 15 2014
City SEAFORD	State Zip Code NY 11783		Transaction ID : SB23.50650
Purpose of Disbursement		· · · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disburse	ment For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) - PORTMAN FOR SENATE COMM	ITTEE		Date of Disbursement
Mailing Address 9856 ARCHER LANE			07 23 2014
DUBLIN	State Zip Code OH 43017		Transaction ID : SB23.50667
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period 1000.00
Office Sought: House Disburse	ment For: 2014	Туре	1550.00
Senate President	Primary		
State: OH District: 00			
SUBTOTAL of Disbursements This Page (optional)			4500.00
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TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)	Han new roots at 1 1 1 1 1	FOR LINE	NUMBER:	PAGE 25 OF 26
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	Detailed Summary Page	21b 27		24 25 26 30b
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NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political Action Comr	nittee		
/		<u> </u>		
Full Name (Last, First, Middle Initial)			Date of Disbursement	•
A. RYAN FOR CONGRESS			M M / D D	/ Y Y Y Y
Mailing Address P.O. BOX 1488			07 23	2014
City	State Zip Code WI 53547		Transaction ID : SB	23.50668
Janesville Purpose of Disbursement	WI 53547			
		· · · ·	Amount of Each Disb	ursement this Period
Candidate Name		Category/		
		Type		1000.00
	ement For: 2014			
Senate President	Primary			
State: WI District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. SCALISE FOR CONGRESS			Date of Disbursement	t
			M = M / D = D	/
Mailing Address P.O. Box 23219			07 15	2014
City	State Zip Code			
Jefferson	LA 70121		Transaction ID : SB	23.50651
Purpose of Disbursement				
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