Image# 202302209578676143					PAGE 1 / 17
	EPORT OF ND DISBUR Other Than An Aut	SEMENT	S	Office Us	e Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typi over the lines.	ing, type	2FE4M5	
College of American Path	ologists Political A	Action Committe	ee		
ADDRESS (number and street)	001 G Street NW				
Check if different	Suite 425 West			DC 20001	
2. FEC IDENTIFICATION NUME	ER V CIT	ГҮ 🔺	STA		
C C00274944		v	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 	Report Due On: Mar	20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	 Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) 	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE -Election Report for the:	Primary (12) Convention		General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE)	Electio	on on	D D / Y	Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Electic	on on	D D / Y	YYYY	in the State of
5. Covering Period 01	/ D D / Y Y Y 01 2023	through	01/	D D / Y Y 31 202	3
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of Kozel, Jessica, A, Dr, MD	my knowledge and	belief it is true, o	correct and complet	е.
Signature of Treasurer	sica, A, Dr, MD	[Electronical	ly Filed] Date	02 / 20	D / Y Y Y Y Y 2023
NOTE: Submission of false, erroneous	, or incomplete informatio	n may subject the per	rson signing this F	Report to the penaltie	es of 52 U.S.C. § 3010
Office Use Only					FORM 3X ev. 05/2016

02/20/2023 09 : 45

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

College of American Pathologists Political Action Committee

R	Report Covering the Period: From: 01	M / D D / Y Y Y Y Y 01 2023 To	b: 01 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2023		288924.88
	(b) Cash on Hand at Beginning of Reporting Period	288924.88	
	(c) Total Receipts (from Line 19)	24430.01	24430.01
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	313354.89	313354.89
7.	Total Disbursements (from Line 31)	269.21	269.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	313085.68	313085.68
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. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Re	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2023 T	o: 01 / D D / Y Y Y Y Y 2023
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		I
	(a) Individuals/Persons Other		
	Than Political Committees	19916.67	10010.07
	(i) Itemized (use Schedule A)	19910.07	19916.67
	(ii) Unitemized	4513.34	4513.34
	(iii) TOTAL (add		04420.04
	Lines 11(a)(i) and (ii)	24430.01	24430.01
	(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		01100.01
	Totals to Line 33, page 5)▶	24430.01	24430.01
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
	Offsets To Operating Expenditures	-75 - 75 - 75 - 75 - 75 - 75 - 75 - 75	-7
	(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.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
10	Total Dessists (odd Lincs (1(/))		
19.	Total Receipts (add Lines 11(d),	24420.04	24430.01
	12, 13, 14, 15, 16, 17, and 18(c))▶	24430.01	24430.01
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	24430.01	24430.01

(subtract Line 18(c) from Line 19).....▶

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4 COLUMN B Calendar Year-to-Date		
	II. Disbursements	COLUMN A Total This Period			
	perating Expenditures:) 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	269.21	269.2		
(C)	Total Operating Expenditures				
Tra	(add 21(a)(i), (a)(ii), and (b))► ansfers to Affiliated/Other Party	269.21	269.2		
Сс	ommittees	0.00	0.00		
Fe	deral Candidates/Committees d Other Political Committees	0.00	0.00		
	dependent Expenditures se Schedule E)	0.00	0.00		
Co (5)	pordinated Party Expenditures 2 U.S.C. § 30116(d))				
(u	se Schedule F)	0.00	0.0		
Lo	an Repayments Made	0.00	0.00		
Lo	ans Made	0.00	0.00		
Re (a)	efunds of Contributions To: Individuals/Persons Other				
	Than Political Committees	0.00	0.00		
(b)		0.00	0.00		
(C)	Other Political Committees (such as PACs)	0.00	0.0		
(d)					
	(add Lines 28(a), (b), and (c))	0.00	0.00		
	her Disbursements (Including				
No	on-Federal Donations)	0.00	0.00		
Fe (a)	ederal Election Activity (52 U.S.C. § 30101() Allocated Federal Election Activity	20))			
(u)	(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		
(C)	Total Federal Election Activity (add	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
То	tal Disbursements (add Lines 21(c), 22,				
23	9, 24, 25, 26, 27, 28(d), 29 and 30(c))	269.21	269.21		
	tal Federal Disbursements				
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	222.04			
nu		269.21	269.21		

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
I LO	1 01111	JA	(1100.	05/2010)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

	Ĵ.	-		,	24430.01
					0.00
	4	- J -	 	-	0.00
					24430.01
		J		7	24430.01
					269.21
		7		7	
					0.00
		7		-7	
L.,					269.21
1.			 	-7-	

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24430.01	-7		-7		L.
0.00					
0.00	-	1	-7	-	L.
24430.01					
21100.01	-		- 7	-	
269.21					
	7		7		
0.00					
	7		-7		
269.21					
	-7-		 -7-		la de la companya de

COLUMN B

Calendar Year-to-Date

Page 5

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11					
			person for the purpose of soliciting contributions te to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
College of American Patholog	gists Politica	al Action Committee						
Full Name of Individual (Last, First, Middle A. Alexis, John, B, Dr., MD,MBChB	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address Path 4300 Alton Rd			01 03 2023					
City	State	Zip Code	Transaction ID : SA11AI.61560					
Miami Beach	FL	33140-2948	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer (for Individual) Mount Sinai Medical Center		upation (for Individual) nologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify)		500.00]					
Full Name of Individual (Last, First, Middle B. Alghamdi, Sarah, , Dr., MD	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4300 Alton Rd Ste 2400			01 31 2023					
City	State	Zip Code	Transaction ID : SA11AI.61628					
Miami Beach	FL	33140-2948	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Jackson Memorial Hospital		upation (for Individual) hologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) V		500.00]					
Full Name of Individual (Last, First, Middle C. Baksi, Mitali, , Dr., MD	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 120 Hills Plz			01 31 2023					
City	State WV	Zip Code	Transaction ID : SA11AI.61630					
Charleston	VVV	25387-2438	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Laboratory Corporation of America Hold		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]					
SUBTOTAL of Receipts This Page (optional)		1500.00					
TOTAL This Period (last page this line numl	per only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
II LIVIIZED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹					
			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
College of American Pathole	ogists Politica	al Action Committee						
Full Name of Individual (Last, First, Midd A. Black-Schaffer, W, Stephen, Dr., M	rganization Name	Date of Receipt						
Mailing Address Pathology Department V Massachusetts General	Hospitsl		01 / D D / Y Y Y Y 01 16 2023					
City Boston	State MA	Zip Code 02114-2696	Transaction ID : SA11AI.61598 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer (for Individual) Massachusetts General Hospital		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
Full Name of Individual (Last, First, Midd B. Crawford, James, M, Dr., MD,P		rganization Name	Data of Descript					
Mailing Address 23 Knolls Ln	שוו		Date of Receipt					
City	State	Zip Code	Transaction ID : SA11AI.61587					
Manhasset	NY	11030-1629	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		2500.00					
Name of Employer (for Individual) North Shore Long Island		upation (for Individual) hologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify)		2500.00]					
c . Durden, Angela, Fay, Dr., MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Durden, Angela, Fay, Dr., MD							
Mailing Address 2900 12th Ave N Ste 29	5W		01 21 2023					
City Billings	State MT	Zip Code 59101-7504	Transaction ID : SA11AI.61658 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		416.67					
Name of Employer (for Individual) Yellowstone Pathology Institute Inc Bi		upation (for Individual) iologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.67]					
SUBTOTAL of Receipts This Page (option	al)		3166.67					
TOTAL This Period (last page this line nur	nber only)		•					

FOR LINE NUMBER:

PAGE 8 OF

Detailed Summary Page Image 11b 11c 12 13 12 14 12 15 16 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) NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				Use separate schedule(s)	(ch	(check only one)						
Any Information copied from such Reports and Statements may not be solid or used by any person for the purpose of solicing contributions from such committee. NAME OF COMMITTEE (h rBi) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Leckert, E. Randy, Dr., MD Mailing Address 13322 Shore Vista Dr City Transaction ID: SA11AL61523 Austin TX PEC ID number of contributing televalue Occupation (for Individual) Name of Engloyer (for Individual) Occupation (for Individual) Name of Engloyer (for Individual) Occupation (for Individual) Name of Engloyer (for Individual) Pathologist Receipt For: Pathologist Beldin, Karen, Wiedemann, Dr., MD Mailing Address 5656 Kelley St City State Name of Engloyer (for Individual) Occupation (for Individual) Name of Engloyer (for Individual) Occupation (for Individual) Mass General Bigham Salem Hospital Occupation (for Individual) Name of Engloyer (for Individual) Occupation (for Individual) Name of Engloyer (for Individual) Occupation (for Individual) Name of Engloyer (for Individual)				for each category of the Detailed Summary Page		_		4 -				
College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Eckert, E. Randy, . Dr., MD Mailing Address 13322 Shore Visa Dr City City Ausin TX TX 7732-1617 FEC ID number of contributing federal political committee. Name of Employer (or Individual) North Ausin Medical Center Pathologist Pathologist Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eldin, Karen, Wiedemann, Dr., MD Mailing Address 5656 Kelley St City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eldin, Karen, Wiedemann, Dr., MD Mailing Address 5656 Kelley St City State Zip Code Other (specity) C Aggregate Year-to-Date V Other (specity) Aggregate Year-to-Date V Primary General Other (specity) C Full Name of Individual (Last, First, Middle Initital) or Full Organization Name						for the		pose of	soliciting	contribut	tions	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Austin TX 78732-1617 City TX 78732-1617 Austin of contributing tedra political committee. C 1000.00 Name of Employer for Individual) Occupation for Individual) Aggregate Year-to-Date ▼ Name of Employer for Individual) Cocupation for Individual) Memo Item Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Beceipt For: Aggregate Year-to-Date ▼ Oto 00.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Beceipt For: Oumber of contributing federal political committee. C City State Zip Code Transaction ID: SA11AL6162A Name of Employer (for Individual) Cocupation (for Individual) Memo Item Neer of Employer (for Individual) Occupation (for Individual) Occupation (for Individual) Name of Employer (for Individual) C Occupation (for Individual) Occupation (for Individual) Receipt For: Aggre	$\overline{)}$	NAME OF COMMITTEE (In Full)										
A. Eckrt, E. Randy, Dr., MD Mailing Address 13322 Shore Vista Dr City Austin TX 21p Code Transaction D: SA11AL61639 Amount of Each Receipt This Period C		College of American Pathologists	s Politica	al Action Committee								
City State Zip Code Transaction ID: SA11AL61639 TX Zip Zip Code Transaction ID: SA11AL61639 FEC ID number of contributing C Immunol of Each Receipt this Period Mare of Employer (for Individual) Occupation (for Individual) Prevention North Austin Medical Center Pathologist Immunol of Each Receipt this Period Primary General Immunol of Individual Immunol of Each Receipt this Period Primary General Immunol of Individual Immunol of Each Receipt this Period Mailing Address 5665 Kelley St Immunol of Each Receipt this Period Immunol of Each Receipt this Period Salem State Zip Code Immunol of Each Receipt this Period Mailing Address 5665 Kelley St Immunol of Each Receipt this Period Immunol of Each Receipt this Period FteC ID number of contributing federal political committee C Immunol of Each Receipt this Period Primary General Operatication Name Immunol of Each Receipt this Period City State Zip Code Immunol of Each Receipt this Period Mailing Address 8 651 Loranie Dr City State Zip Code Mailing Address 8	A.		ll) or Full Or	rganization Name		Date of	Re	eceipt				
Austin TX 78732-1617 Amount of Each Receipt this Period FEC 1D number of contributing federal political committee. C 1000.00 Name of Employer (for Individual) North Austin Medical Center Pathologist 1000.00 Receipt For: Primary General 000.00 Jultame of Individual (Last, First, Middle Intial) or Full Organization Name Date of Receipt State Zip Code Transaction ID : SA1140.61624 Mailing Address 5656 Kelley St Transaction ID : SA1140.61624 City State Zip Code Salem MA 01970-2714 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Pathologist Pathologist Receipt For: Primary General Occupation (for Individual) Pathologist Memo Item Receipt For: Primary General Occupation (for Individual) Pathologist Date of Receipt Mailing Address 8591 Lorraine Dr C Transaction ID : SA114.616508 Aggregate Year-to-Date V 2023 Transaction ID : SA114.616508 Mailing Address 8591 Lorraine Dr C Memo Item City State Zip Code Zip C		Mailing Address 13322 Shore Vista Dr					/		/ Y		Y	
FEC ID number of contributing federal political committee. C 1000.00 Name of Employer (for Individual) North Austin Madical Center Pathologist 1000.00 Receipt For: Primary Cher (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt B. Eldin, Karen, Wiedemann, Dr., MD Malling Address 5656 Kelley St 01 / 28 / 2023 Transaction ID: SA11AL61624 Amount of Each Preceipt Inits Period C 762 / 2023 Transaction ID: SA11AL61624 Amount of Each Preceipt Inits Period C 1000.00 Memo Item Beeing Period MA 01970-2714 Date of Receipt FEC ID number of contributing federal political committee. C 1000.00 Memo Item Receipt For: Primary Cher (specify) ▼ Aggregate Year-to-Date ▼ Oit / 22 / 2023 Transaction ID: SA11AL61624 Amount of Each Receipt Inits Period C Interview Interview Interview Primary General Officient Initialy or Full Organization Name Interview Interview Interview City State Zip Code Aggregate Year-to-Date ▼ Interview Interview Interview Interview Interview						Trans	acti	ion ID :	SA11AI.	61639		
federal political committee. 1000.00 Name of Employer (for Individual) North Austin Medical Center Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Balling Address 5656 Kelley St 01 2023 City State Zip Code Salem MA 01970-2714 FEC ID number of contributing federal political committee. C Perimary General Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Perimary General 01 22 2023 City State Zip Code 1000.00 Memo Item Aggregate Year-to-Date ▼ 1000.00 Memo Item 22 2023 City General 0 1000.00 Memo Item 22 2023 City General C Aggregate Year-to-Date ▼ Memo Item 22 2023 2		Austin	ТХ	78732-1617		Amount	of	Each R	eceipt th	is Period		
North Austin Medical Center Pathologist Receipt For:		0	С			<u> </u>		-		1000.0	00	
Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ELClin, Karen, Wiedemann, Dr., MD Mailing Address 5656 Kelley St City Salem FC: ID number of contributing federal political committee. Name of Employer (for Individual) Mass General Brigham Salem Hospital Perinary General Other (specify) ▼ Pathologist Pathologist Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hanson, Gerald, R, Dr., MD Mailing Address 8591 Lorraine Dr Date of Receipt Mame of Individual (Last, First, Middle Initial) or Full Organization Name C. Hanson, Gerald, R, Dr., MD Mailing Address 8591 Lorraine Dr Date of Receipt Date of Receipt Tansaction ID: SA11AL61608 Amount of Each Receipt His Period Pathologist Pathologist Aggregate Year-to-Date ▼ FC: ID number of contributing federal political committee. City Huntington Beach FEC: ID number of contributing federal political committee. Name of Employer (for Individual) Name of Employer (for Individual) Other		North Austin Medical Center				Me	emc	tem				
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Salem MA 01970-2714 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Mass General Brigham Salem Hospital Occupation (for Individual) Pathologist Memo Item Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item C: Hanson, Gerald, R, Dr., MD Date of Receipt For: Date of Receipt Mailing Address 8591 Lorraine Dr City State Zip Code Huntington Beach C 92646-2627 Transaction ID : SA11AL61608 Receipt For: Occupation (for Individual) Occupation (for Individual) Pathologist Mailing Address 8591 Lorraine Dr C 250.00 Memo Item Mailing Address 8591 Lorraine Dr C 250.00 Memo Item FEC ID number of contributing tederal political committee. C Aggregate Year-to-Date ▼ Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathologist Memo Item Name of Employer (for Individual) Aggregate Year-to-Date ▼ Memo Item 250.00 SuBTOTAL of Receipts This Page (optional). 25		Mailing Address 5656 Kelley St								Y		
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