Image# 15970059186			_		PAGE 1 / 13
	ND DISBURS	EMENT	s	Office U	se Only
FEC FORM 3X REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee 1. NAME OF COMMITTEE (In full) TYPE OR PRINT V Example: If typing, type Over the lines. Diffee Use Only 1. NAME OF COMMITTEE (In full) TYPE OR PRINT V Example: If typing, type Over the lines. Diffee Use Only ADDRESS (number and street) 1350 I Street, NW Diffee Use Only Diffee Use Only ADDRESS (number and street) Sale 500 Diffee Use Only Diffee Use Only C Cocozr4044 Sale 500 Diffee Use Only Diffee Use Only 2. FEC IDENTIFICATION NUMBER V CITV A STATE A ZIP CODE A 3. IS THIS REPORT NEW REPORT Mary 20 (MS) Aug 20 (MB) Diffee Use Only (a) Cocozr4044 Beport Mary 20 (MS) Jun 20 (MB) Diffee Use Only (b) Monthly Beport Feb 20 (M2) Mary 20 (MS) Jun 20 (MB) Diffee Use Only (a) Cocorr4044 Diffee Only Mary 20 (MS) Jun 20 (MB) Diffee Only (c) Cocorr404 Diffee Only Mary 20 (MS) Jun 20 (MB) Beport Only Diffee Only (a) Cocorr404 Diffee Only Diffee Only Diffee Only					
	FEC DM 33 REPORT OF RECEIPTS AD DISBURSEMENTS For Other Than An Authorized Committee AME OF COMMITTEE (in full) TYPE OR PRINT V Example: If typing, type over the lines. 12.FE4M5 Reg of American Pathologists Political Action Committee 12.FE4M5 Main previously reported. (ACC) Image: Street, NW Image: Street, NW Check if different than previously reported. (ACC) Image: Street, NW Image: Street, NW Check if different than previously reported. (ACC) Street, NW Image: Street, NW Check if different than previously reported. (ACC) Image: Street, NW Image: Street, NW Check if different than previously reported. (ACC) Street, NW Image: Street, NW Check if different than previously reported. (ACC) Street, NW Image: Street, NW Check if different than previously reported. (ACC) Street, NW Image: Street, NW Check if different than previously reported. (ACC) Street, NW Image: Street, NW (Check if different than previously report (ACC) Street, NW Image: Street, NW (Check if different than previously report (N) Street, NW Image: Street, NW (Dec nearent Check if different than previously in the street if an an authorities (Check if an authorif an authorif an authorities (Check if authorities (Chec				
FEC SORM 3X REPORT OF RECEIPTS AD DISBURSEMENTS For Other Than An Authorized Committee NAME OF COMMITTEE (in full) TYPE OR PRINT * Example: If typing, type over the lines. 12 FB 4 M5 College of American Pathologists Political Action Committee 12 FB 4 M5					
	350 I Street, NW				
	suite 590				
than previously	Vashington			DC 2000	5
2. FEC IDENTIFICATION NUMB	CITY	•	ST		ZIP CODE
C C00274944		\sim			
(Choose One)	Report Due On:				Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M10)	X Jan 31 (YE)
July 15	.,,	Primary (12P	?)	General (12G)	Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)	
January 31	Election		D D / Y	YYYYY	
Report (Non-election	POST-Election	General (300	ā)	Runoff (30R)	Special (30S)
		on/	D = D / Y	Y Y Y Y	
		through			
I certify that I have examined this R	eport and to the best of m	y knowledge and b	oelief it is true,	, correct and comple	te.
Type or Print Name of Treasurer	lohn Michael Misialek Dr.				
Signature of Treasurer	ael Misialek Dr.	[Electronically	<i>v Filed]</i> Dat		
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the pers	son signing this	Report to the penalti	ies of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

01/28/2015 10 : 07

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	25 2014 To	b: 12 / D = D / Y = Y = Y = Y 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	396935.14	
	(c) Total Receipts (from Line 19)	15523.00	226073.98
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	412458.14	703038.54
7.	Total Disbursements (from Line 31)	6598.90	297179.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	405859.24	405859.24
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

X

DE	TAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
College of American Pathologists Pol	itical Action Committee	
Report Covering the Period: From: 11	/ D D / Y Y Y Y 25 2014 To	b: 12 / D D / Y Y Y Y Y 31 2014
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)	11350.00	165370.00
(i) Remized (use Schedule A)		
(ii) Unitemized	4173.00	39783.45
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	15523.00	205153.45
(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	15523.00	205153.45
Totals to Line 33, page 5)	7 7 7 10010100	
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Г		
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	19420.53
16. Refunds of Contributions Made	7 7 7	
to Federal Candidates and Other		1500.00
Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds	7 7 7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	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),		000070.00
12, 13, 14, 15, 16, 17, and 18(c))▶	15523.00	226073.98
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	15523.00	226073.98

Image# 15970059188

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 Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	98.90	1204.30
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	98.90	1204.30
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	6500.00	298100.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man Fondcar Committees		
(b) Political Party Committees(c) Other Political Committees	0.00	-2125.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))▶	0.00	-2125.00
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))	6598.90	297179.30
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	6500.00	207470.20
from Line 31)	6598.90	297179.30

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. Total Contributions (other than loans) (from Line 11(d), page 3)	15523.00	205153.45					
. Total Contribution Refunds (from Line 28(d))	0.00	-2125.00					
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15523.00	207278.45					
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	98.90	1204.30					
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	19420.53					
. Net Operating Expenditures (subtract Line 37 from Line 36)	98.90	-18216.23					

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

			Detailed Summary Page		11a 13	-	11b		11c 15		12 16	17
	y information copied from such Reports and s for commercial purposes, other than using th				for the				oliciting		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologis	sts Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Anne Elizabeth Bauer-Marsh Dr. Mailing Address 221 NE Glen Oak Ave				Date of	Re	D	D	/ Y		Y	Y
	City Peoria	State IL	Zip Code 61636-0001				ion I		A11AI.	522		
	FEC ID number of contributing federal political committee.	С					7		7		250	00
	Name of Employer Methodist Med Ctr of Illinois Receipt For:	Occupation Pathologist	Manuala Data T									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
в.	Full Name (Last, First, Middle Initial) Dr Pedro A Carmona MD				Date of	Re	ceip	t				
	Mailing Address Path Dept 951 N Washington Ave City	State	Zip Code		12 12	/ 	L	09)14	Y
	Titusville	FL	32796-2163						A11AI.			
	FEC ID number of contributing federal political committee.	С					7				1000.	00
	Name of Employer Parrish Med Ctr	Occupation Pathologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
с.	Full Name (Last, First, Middle Initial) Dr. Matthew David Carr MD				Date of	Re	ceip	t				
	Mailing Address 602 Michigan Ave				^M ^M 12	1		30	/ Y)14	Y
	City Holland	State MI	Zip Code 49423-4918						A11AI. ceipt th			
	FEC ID number of contributing federal political committee.	С					7		7		500	.00
	Name of Employer	Occupation										
	Western Michigan Pathology Assoc PLLC	Pathologist		_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
	UBTOTAL of Receipts This Page (optional)						7		3		1750.	00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

7 OF

		Use separate schedule(s)	(ch	eck only	, or	ne)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12	Г	17
Any information copied from such Reports and or for commercial purposes, other than using t				for the		oose of	soliciting	g contri	ibutio	ns
NAME OF COMMITTEE (In Full)										
College of American Patholog	ists Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Dr. Jimmy R Clark MD				Date of	Re	ceipt				
Mailing Address Dept of Path 8901 W Lincoln Ave				M M 12	/	08) / Y	2014		1
City West Allis	State WI	Zip Code 53227-2409					SA11AI. Receipt th		iod	
FEC ID number of contributing federal political committee.	С					5			00.0	0
Name of Employer ACL Labs	Occupation Pathologist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name (Last, First, Middle Initial) B. Dr. James M Crawford MD,PhD				Date of	Re	ceipt				
Mailing Address 300 Community Dr		7.0.1		12	/	20) / Y	2014		
City Manhasset	State NY	Zip Code 11030-3816				-	SA11AI. Receipt th		iod	
FEC ID number of contributing federal political committee.	С					y			00.00	0
Name of Employer North Shore University Hosp	Occupation Pathologist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]							
Full Name (Last, First, Middle Initial) C. Dr. Mary Frances Hahn MD				Date of	Re	ceipt				
Mailing Address 350 W Thomas Rd				^M ^M ¹ 2	/	11) / Y	2014		1
City Phoenix	State AZ	Zip Code 85013-4496					SA11AI. Receipt th		iod	
FEC ID number of contributing federal political committee.	С					7			500.0	0
Name of Employer	Occupation									
St Josephs Hosp and Med Ctr	Pathologist									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 8 OF

			Detailed Summary Page		< 11a 13		11b	-	11c 15		12 16	17
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	ts Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr. Kelli Ann Hutchens MD Mailing Address 2160 S 1st Ave				Date of		D	22	/ Y	Y 2()14	Y
	City Maywood	State IL	Zip Code 60153-3328		Trans		ion IE) : S	SA11AI.	522	58	_
	FEC ID number of contributing federal political committee.	С					7		7		500	00
	Name of Employer Loyola Univ of Chicago	Occupation Pathologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
В.	Full Name (Last, First, Middle Initial) Dr. Lawrence C. Kenyon MD,PhD				Date of	f Re	eceipt					
	Mailing Address 132 S 10th St	Ctoto	Zio Codo		^M M	/		10	/ Y)14	Y
	City Philadelphia	State PA	Zip Code 19107-5244						A11AI.			
	FEC ID number of contributing federal political committee.	C					,	TIC			250.	00
	Name of Employer Thomas Jefferson University	Occupation Pathologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00									
С.	Full Name (Last, First, Middle Initial) Dr. Thomas S Mego MD				Date of	f Re	eceipt					
	Mailing Address Pathology 3200 Providence Dr	Otata	Zie Ocale		^M 12		2	26	/ Y	20)14	Y
	City Anchorage	State AK	Zip Code 99508-4615						SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С					7				2500	.00
	Name of Employer	Occupation										
	Providence Alaska Med Ctr	Pathologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00									
	UBTOTAL of Receipts This Page (optional)			- -			л л		7		3250.	00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 9 OF

			Detailed Summary Page		11a		11b	11c		12	<u> </u>
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	licit cor	ntrib	utions fro	m such		mmitte	e.
	NAME OF COMMITTEE (In Full)										
\sum	College of American Pathologis	sts Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Rama Shankar MD				Date of	Re	ceipt				
	Mailing Address 403 E 1st St				м м 12	/	02	/ Y) 014	Y
	City	State	Zip Code			acti	on ID : S	A11AI.			
	Dixon	IL	61021-3116		Amount	t of	Each Re	ceipt th	is P	eriod	
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	Name of Employer	Occupation									
	Katherine Shea Bethea Hosp	Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00]							
В.	Full Name (Last, First, Middle Initial) Dr Christine N Sillings MD				Date of	Re	ceipt				
	Mailing Address 3000 New Bern Ave				м м 12	/	D D D 10	/ Y		y 14	Y
	City	State	Zip Code		Trans	acti	on ID : S	A11AI.5	5223	39	
	Raleigh	NC	27610-1231	/	Amount	t of	Each Re	ceipt th	is P	eriod	
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	Name of Employer Wake Med Ctr	Occupation Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		1000.00	4							
с.	Full Name (Last, First, Middle Initial) Dr. Charles Edward Slonaker III N	MD			Date of	Re	ceipt				
	Mailing Address 24410 Oaklawn Plantation Ro	d			^M ^M 12	/	D D 05	/ Y)14	Y
	City Deep Christian	State	Zip Code				ion ID : S				
	Pass Christian	MS	39571-8969		Amount	of	Each Re	ceipt th	is P	eriod	
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	Name of Employer	Occupation									
	Mem Hosp at Gulfport	Pathologist									
	Receipt For:	Aggregate	Year-to-Date 🔻								
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	Other (specify)		2000.00	4							
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check c	only o	ne)			
		Detailed Summary Page	X 11a		11b	11c	12	17
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NAME OF COMMITTEE (In Full) College of American Patholo	ogists Politica	I Action Committee						
Full Name (Last, First, Middle Initial) A. Dr. Brian L Wilkinson MD			Date	of Re	eceipt			
Mailing Address Dept of Path 606 22nd Ave S			M 12		07	/ Y	2014	Y
City Meridian	State MS	Zip Code 39301-6116			ion ID : S Each Re		52231 iis Perioc	1
FEC ID number of contributing federal political committee.	C				7	7	250	0.00
Name of Employer	Occupation							
Diagnostic Tissue Cytology Grp Receipt For:	Pathologist							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1					
Full Name (Last, First, Middle Initial) B. Dr. R. Bruce Williams MD			Date	of Re	eceipt			
Mailing Address 2915 Missouri Ave			12	_	19	/ Y	2014	Y
City Shreveport	State LA	Zip Code 71109-4327			ion ID : S Each Re			1
FEC ID number of contributing federal political committee.	C				7	- 7	500	0.00
Name of Employer Park Nicollet Methodist Hospital	Occupation Pathologist							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial)								
C Mailing Address			Date	of Re		/ Y	Y Y	Y
City	State	Zip Code	Amou	unt of	Fach Be	eceint th	is Period	4
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Name of Employer	Occupation							
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	y information copied from such Reports and State for commercial purposes, other than using the nar													
\backslash	NAME OF COMMITTEE (In Full)													
	College of American Pathologists I	Political	Action Com	nitte	e									
	Full Name (Last, First, Middle Initial)							Date c	of Di	oburor		+		
А.	Sun Trust Bank									D			Y	
	Mailing Address P.O. Box 85024							12)3		2014	
	5	State	Zip Code					Tran	sact	ion ID) : SE	321B.	52279	
	Richmond Purpose of Disbursement	VA	23285											
	Suntrust Moneris ACH Fee							Amour	nt of	Each	Disb	oursen	nent thi	s Period
	Candidate Name			Cat T	ego ype					,		7		41.90
	Senate	ment For: Primary	General											
	State: District:	Other (spec	cify) 🔻											
	Full Name (Last, First, Middle Initial)													
В.	Sun Trust Bank							Date c			emen	t	- Y - Y	(Y
	Mailing Address P.O. Box 85024							12			8	Ĺ	2014	
	Richmond	State VA	Zip Code 23285					Tran	sact	ion ID) : SE	321B.	52280	
	Purpose of Disbursement Suntrust Account Analysis Fee				-			Amour	nt of	Fach	Dich	urcon	nont thi	s Period
	Candidate Name			Cate	ego ype			Amour		Laci	Disc	, insem		57.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General											
	State: District:		<i>y</i> , <i>k</i>											
c.	Full Name (Last, First, Middle Initial)							Date c	of Di	sburse	emen	t		
	Mailing Address							MN	/	D	D	/ Y	Y	Ý
	City	State	Zip Code											
	Purpose of Disbursement			_	_	_								
	Candidate Name			Cat	ego ype	ry/		Amour	nt of	Each	Dist	oursen	nent thi	s Period
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼							.,				
_	State: District:													
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\square	NAME OF COMMITTEE (In Full)												
	College of American Pathologists	Political /	Action Com	nitte	e								
۸	Full Name (Last, First, Middle Initial)						Date o	f Diel	oureo	mont			
	COLLINS FOR CONGRESS							_	D		Y Y	Y	Y
	Mailing Address P.O. BOX 386						12		04			014	
	City	State	Zip Code				Trans	sactio	on ID	: SB23.	52281		
	CLARENCE Purpose of Disbursement	NY	14031										
	Fulpose of Disbursement						Amour	t of E	Each	Disburse	ement	this I	Period
	Candidate Name				egory /pe	y/						2500	.00
	Office Sought: House Disburse Senate	ement For: 2 Primary	2016 General		,pc				,				
	State: NY District: 27	Other (spec	bify) ▼										
в	Full Name (Last, First, Middle Initial) FAMILIES FOR JAMES LANKFO	חס					Date o	f Disl	ourse	ment			
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	Mailing Address PO BOX 1639						12	Í	0			014	
	City BETHANY	State OK	Zip Code 73008				Tran	sactio	on ID	: SB23.	52282	2	
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υ.	MIKE THOMPSON FOR CONGR	ESS					Date o	_					
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