Image# 201802159094569251						PAG	GE 1 / 12
FEC AN	PORT O D DISBU Other Than An A	JRSEN	/ENT	S		Office Use Only	
1. NAME OF TYP COMMITTEE (in full)	e or print ▼		mple: If typir the lines.	ng, type	12FE4M		
College of American Path	ologists Politica	al Action	Committe	ee			
ADDRESS (number and street)	001 G Street NW						
	uite 425 West						
Check if different than previously reported. (ACC)	Vashington				DC	20001	-
2. FEC IDENTIFICATION NUMB	ER 🔻	CITY 🔺		S		ZIP CO	DE 🔺
C C00274944	3	. IS THIS REPORT		NEW N) OR	AN (A)	IENDED	
(Choose One) (a) Quarterly Reports:	Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(C) 12-Day PRE-Election Report for th		Primary (12P Convention (General Special (Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	El	ection on	M M /	D D /	Y Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Electic Report for th		General (300	à)	Runoff (3	30R)	Special (30S)
Termination Report (TER)		ection on	M = M /	D D /	Y Y Y Y	in the State c	of
5. Covering Period	01 / Y Y 01 20	Y Y 18	through	01	/ D D / 31	Y Y Y Y 2018	
I certify that I have examined this Re K Type or Print Name of Treasurer	eport and to the bes onnick, Eric, , Dr., MD		vledge and b	pelief it is true	e, correct and	d complete.	
Signature of Treasurer	ric, , Dr., MD,MS		[Electronically	<i>Filed]</i> Da	ate 02	/ D D / 15	2018
NOTE: Submission of false, erroneous,	or incomplete inform	nation may su	bject the pers	son signing thi	is Report to th	ne penalties of 52	U.S.C. § 3010
Office Use Only						FEC FOR Rev. 05/2	

02/15/2018 14 : 02

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	eport Covering the Period: From: 01	M / D D / Y Y Y Y 01 2018 To	b: 01 / D D / Y Y Y Y 31 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		435671.14
	(b) Cash on Hand at Beginning of Reporting Period	435671.14	
	(c) Total Receipts (from Line 19)	17731.00	17731.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	453402.14	453402.14
7.	Total Disbursements (from Line 31)	59.00	59.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	453343.14	453343.14
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

R	eport Covering the Period: From:	1 01 / Y Y Y Y 2018 To	b: 01 / D D / Y Y Y Y 01 31 2018
	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)	16506.00	16506.00
	(ii) Unitemized (iii) TOTAL (add	1225.00	1225.00
	Lines 11(a)(i) and (ii)	17731.00	17731.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 	0.00	0.00
12	Totals to Line 33, page 5)	17731.00	17731.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	17731.00	17731.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17731.00	17731.00

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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	59.00	59.00	
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	59.00	59.00	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures (use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
(such as PACs)(d) Total Contribution Refunds	0.00	0.00	
(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements (Including Non-Federal Donations)	0.00	0.00	
Federal Election Activity (52 U.S.C. § 30101(2)(a) Allocated Federal Election Activity (from Schedule H6)	20))		
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00	
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00	
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))	59.00	59.00	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	59.00	59.00	

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

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)

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L.		7			7	17731.00
						59.00
						39.00
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				17731.00
	-7		-7-	17731.00
				0.00
	 -7		 -7	0.00
				17731.00
	 7		 -	17731.00
				59.00
	7		7	00.00
				0.00
	-7-	1	7	0.00
				59.00
a la seconda de	 -7-		 -7-	

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □			
			e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) College of American Pathol	ogists Politica	al Action Committee				
Full Name of Individual (Last, First, Mid A. Abbott, Jared, , Dr., MD, PhD	dle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 305 41st St			01 / Y Y Y Y 01 04 2018			
City West Des Moines	State IA	Zip Code 50265-3874	Transaction ID : SA11AI.56016 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		1250.00			
Name of Employer (for Individual) Pathology Laboratory		upation (for Individual) nologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]			
Full Name of Individual (Last, First, Mid B. Alexis, John, B, Dr., MBChB	dle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address Path 4300 Alton Rd City	State	Zip Code	01 / D D / Y Y Y Y Y Y 2018			
Miami Beach	FL	33140-2800	Transaction ID : SA11AI.56024 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer (for Individual) Mt Sinai Med Ctr		upation (for Individual) hologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
Full Name of Individual (Last, First, Mid C. Chopra, Usha, G., Dr., MD	dle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 7th FI Path 565 Abbott Rd			01 / D D / Y Y Y Y 2018			
City Buffalo	State NY	Zip Code 14220-2039	Transaction ID : SA11AI.56038 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		205.00			
Name of Employer (for Individual) Mercy Hospital of Buffalo		upation (for Individual) iologist	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 205.00	1			
SUBTOTAL of Receipts This Page (option	nal)		1955.00			
TOTAL This Period (last page this line nu	mber only)					

FOR LINE NUMBER:

PAGE

7 OF

		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b 11		·
Any information copied from such Reports a or for commercial purposes, other than usin					iting contribut	
NAME OF COMMITTEE (In Full) College of American Patholo	-					
Full Name of Individual (Last, First, Midd A. Cooper Jr, Thomas, J, Dr., MD	le Initial) or Full O	rganization Name	Date of F	Receipt		
Mailing Address 5620 E El Parque St			01	/ D D / 19	Y Y Y 2018	Y
City Long Beach	State CA	Zip Code 90815-4129		ction ID : SA11 of Each Receip		
FEC ID number of contributing federal political committee.	C				1001.0	0
Name of Employer (for Individual) Unaffiliated		upation (for Individual) nologist	Mem	no Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1001.00	1			
Full Name of Individual (Last, First, Midd B. Crawford, James, M, Dr., MD, F		rganization Name	Date of F	leceipt		
Mailing Address 300 Community Dr			01	/ D D / 04	2018	Y
City Manhasset	State NY	Zip Code 11030-3816		tion ID : SA11 of Each Receip		
FEC ID number of contributing federal political committee.	С				2500.0	0
Name of Employer (for Individual) Northwell Health System		upation (for Individual) hologist	Men	no Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]			
Full Name of Individual (Last, First, Midd C. Goldstein, Jeffrey, D., Dr., MD		rganization Name	Date of F	leceipt		
Mailing Address 11628 Montana Ave 308			01	/ D D / 01	2018	Y
City Los Angeles	State CA	Zip Code 90049-4611		ction ID : SA11 of Each Receip		
FEC ID number of contributing federal political committee.	С			,	300.0	0
Name of Employer (for Individual) UCLA Medical Center		upation (for Individual) nologist	Men	no Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]			
SUBTOTAL of Receipts This Page (optional	al)				3801.0	0
TOTAL This Period (last page this line nur	nber only)					

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS	<i>,</i>	Use separate schedule(s)	(check only one)			
I LIVILLED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
College of American Path	nologists Politica	al Action Committee				
Full Name of Individual (Last, First, Howard, Lydia, H, Dr., MD	Middle Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address Dept of Path			01 05 2018			
4300 Alton Rd City	State	Zip Code	Transaction ID : SA11AI.56025			
Miami Beach	FL	33140-2800	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer (for Individual) Mt Sinai Med Ctr		upation (for Individual) nologist	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		500.00	1			
Full Name of Individual (Last, First, Konnick, Eric, , Dr., MD, MS		rganization Name	Date of Receipt			
Mailing Address 1814 NW 77th St	0	7.0.0	01 / D D / Y Y Y Y 01 26 2018			
City Seattle	State WA	Zip Code 98117-5447	Transaction ID : SA11AI.56049 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) University of Washington Medical Cer	to .	upation (for Individual) nologist	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼	—			
Other (specify) ▼		250.00]			
Full Name of Individual (Last, First, Magrini-Greyson, Marlene,		rganization Name	Date of Receipt			
Mailing Address 1504 Canary Place		7.01	01 / D D / Y Y Y Y 01 10 2018			
City Edmond	State OK	Zip Code 73034	Transaction ID : SA11AI.56035 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) St. Anthony Hospital		upation (for Individual) ologist	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼	1			
Other (specify)		250.00	1			
SUBTOTAL of Receipts This Page (op	otional)		1000.00			
TOTAL This Period (last page this line	e number only)					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1			
			person for the purpose of soliciting contributions from such committee.			
NAME OF COMMITTEE (In Full)	ists Delities					
angle College of American Patholog	JISTS POlITICA	al Action Committee				
Full Name of Individual (Last, First, Middle A . Martin, Elizabeth, T, Dr., MD	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 502 W Broad St Apt 510			01 05 / Y Y Y Y 2018			
City Falls Church	State VA	Zip Code 22046-3247	Transaction ID : SA11AI.56022 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer (for Individual) Fauquier Hospital Inc		upation (for Individual) nologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
Full Name of Individual (Last, First, Middle Martinez, Antonio, Enrique, Dr., M		rganization Name	Date of Receipt			
Mailing Address 1234 Country Club Prado	State	Zip Code	01 / 29 2018			
Coral Gables	FL	33134-2182	Transaction ID : SA11AI.56051 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer (for Individual) Palmetto General Hospital		upation (for Individual) hologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
Full Name of Individual (Last, First, Middle C. Omarzai, Yumna, , Dr., MD	Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 4300 Alton Rd			01 / D D / Y Y Y Y 01 05 2018			
City Miami	State FL	Zip Code 33140-2948	Transaction ID : SA11AI.56028 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer (for Individual) Mt Sinai Medical Center		upation (for Individual) nologist	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			► 1500.00			

FOR LINE NUMBER:

PAGE 10 OF

17			Use separate schedule(s)	(ch	eck only	y or	ne)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g con	tributio	ons			
\setminus	NAME OF COMMITTEE (In Full)													
	College of American Pathologists	s Politica	I Action Committee											
Full Name of Individual (Last, First, Middle Initial) or Full Org Poppiti Jr, Robert, J, Dr., MD			rganization Name		Date of	Re	eceipt							
	Mailing Address Path 4300 Alton Rd Blum					01 05 / Y Y Y Y 01 05								
	City Miami Beach	State FL	Zip Code 33140-2800					SA11AI. leceipt th						
	FEC ID number of contributing federal political committee.	С								500.00)			
	Name of Employer (for Individual) Mt Sinai Medical Center	Occupation (for Individual) Pathologist			M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1										
в.	Full Name of Individual (Last, First, Middle Initia Smith, Jeffrey, B, Dr., MD	al) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address PO Box 6647					1	21	/ Y	201	8				
	City	State FL	Zip Code					SA11AI.						
	Ozona		34660-6647	_	Amount	of	Each F	leceipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	C			500.00									
	Name of Employer (for Individual) Florida Hospital North Pinellas		upation (for Individual) nologist		M	emo	ltem							
	Receipt For:	Year-to-Date ▼												
	Other (specify) ▼		500.00											
с.	Full Name of Individual (Last, First, Middle Initia Volk, Emily, Ellen, Dr., MD, MBA	al) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 219 Lamont Ave				01	/	D 13		201	8 8				
	City San Antonio	State TX	Zip Code 78209-3753					SA11AI. Receipt th						
	FEC ID number of contributing federal political committee.	С					y .	,		00.00)			
	Name of Employer (for Individual) University Health System		ıpation (for Individual) ologist		M	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00												
s	UBTOTAL of Receipts This Page (optional)		•••••	•			, .	. ,	4(00.00)			
т	OTAL This Period (last page this line number or	nly)	••••••	- •			-	- 45-						

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PAGE 11 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILEIVIIZED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
			person for the purpose of soliciting contributions te to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) College of American Pathol	ogists Politica	al Action Committee								
Full Name of Individual (Last, First, Mide A. Welsh, Jeff, A., Dr., MD	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address Lexington Medical Cente Dept of Path	01 05 Y Y Y Y Y 01 05 2018									
City West Columbia	State SC	Zip Code 29169-4810	Transaction ID : SA11AI.56023 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) unaffiliated	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Mide B. Wilkinson, David, , Dr., MD, Ph		rganization Name	Date of Receipt							
Mailing Address Gateway Bldg 6-229 1200 E Marshall St	01 / Y Y Y Y Y 2018 2018									
City Richmond	State VA	Zip Code 23298-5049	Transaction ID : SA11AI.56030 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) VCU Health Medical Center										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Full Name of Individual (Last, First, Mide C. Wright Jr, Louis, D, Dr., MD	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 409 Church St	01 17 2018									
City Mount Pleasant	State SC	Zip Code 29464	Transaction ID : SA11AI.56042 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		2500.00							
Name of Employer (for Individual) Unaffiliated		upation (for Individual) nologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00]							
SUBTOTAL of Receipts This Page (option	al)		3250.00							
TOTAL This Period (last page this line nu	mber only)									

FOR LINE NUMBER:

PAGE 12 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) College of American Patholog	jists Politica	al Action Committee								
Full Name of Individual (Last, First, Middle Mu, Sang, , Dr., MD	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1713 Water Lily Dr	01 / Y Y Y Y 01 16 2018									
City Southlake	State TX	Zip Code 76092-5861	Transaction ID : SA11AI.56041 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual) Texas Health Presbyterian Hospital Den	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
Full Name of Individual (Last, First, Middle B.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]							
Full Name of Individual (Last, First, Middle C.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Memo Item									
Receipt For: Primary General Other (specify)		Year-to-Date ▼]							
SUBTOTAL of Receipts This Page (optional)			1000.00							
TOTAL This Period (last page this line numb	er only)		16506.00							