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Image# 201508199000854441

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X F	or Other Than An Auth	orized Committee	Office U	lse Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
College of American Pa	athologists Political A	ction Committee		
ADDRESS (number and street) Check if different than previously reported. (ACC)	Suite 590 Washington		DC 20008	5
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	Y 🛦	STATE A	ZIP CODE 🛦
C C00274944	3. IS	THIS EPORT X (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Mar Apr 2 (c) 12-Day PRE-Election Report for the: 3) Election (d) 30-Day	General (30G)	X Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period 07		through 07		15
I certify that I have examined thi Type or Print Name of Treasurer	•	my knowledge and belief it is tr	ue, correct and comple	ite.
Signature of Treasurer	Michael Misialek Dr.		Date 08 19	
NOTE: Submission of false, errone Office	eous, or incomplete information	may subject the person signing t		
Use				C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 07 01 2015 To: 07 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		405859.24
	(b) Cash on Hand at Beginning of Reporting Period	486570.34	
	(c) Total Receipts (from Line 19)	14495.00	178186.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	501065.34	584045.24
7.	Total Disbursements (from Line 31)	2573.90	85553.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	498491.44	498491.44
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 Possinto	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	14040.00	450005.00			
(i) Itemized (use Schedule A)	11210.00	152205.00			
	2042.00	25606.00			
(ii) Unitemized	2910.00	25606.00			
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	14120.00	177811.00			
Lines II(a)(i) and (ii)	, 14120.00	111011.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines		7			
11(a)(iii), (b), and (c)) (Carry					
Totals to Line 33, page 5)▶	14120.00	177811.00			
2. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
B. All Loans Received	0.00	0.00			
Loan Repayments Received	0.00	0.00			
5. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,				
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
6. Refunds of Contributions Made					
to Federal Candidates and Other		075.00			
Political Committees	375.00	375.00			
7. Other Federal Receipts	0.00	0.00			
(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			
(IIOIII Scriedule 113)	0.00	0.00			
(1) I a is E a la (1 a a Och a I I a III)	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 (add To(a) and To(b))	0.00	0.00			
D. Total Receipts (add Lines 11(d),	11105.00	470400.00			
12, 13, 14, 15, 16, 17, and 18(c))▶	14495.00	178186.00			
). Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	14495.00	178186.00			
(Cabildot Enio 10(0) non Enio 10)	14400.00	170100.00			

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		Valendai Tear-to-Date
Activity (from Schedule H4)		
(i) Federal Share		0.00
(ii) Non-Federal Share		0.00
(b) Other Federal Operating		
Expenditures		703.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)).	73.90	703.80
Transfers to Affiliated/Other Party		
Committees		0.00
Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	84850.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures		0.00
(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
(c) Other Political Committees		0.00
(such as PACs)		0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c)))▶	0.00
Other Disbursements		0.00
Federal Election Activity (2 U.S.C.	8431/20))	
(a) Allocated Federal Election Act		
(from Schedule H6) (i) Federal Share		0.00
	200	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid		0.00
With Federal Funds		0.00
(c) Total Federal Election Activity		0.00
Lines 30(a)(i), 30(a)(ii) and 3	U(U)) 🕨	0.00
Total Disbursements (add Lines 21		
23, 24, 25, 26, 27, 28(d), 29 and	30(c)) 2573.90	85553.80
Total Federal Disbursements	2(a)(ii)	
(subtract Line 21(a)(ii) and Line 30	J(a)(li) 2573.90	85553.80

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)	14120.00	177811.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14120.00	177811.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	73.90	703.80
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	73.90	703.80

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

FOR LINE NUMBER:					PAGE	6	OF	16
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	Statements may not be sold or used by any persone 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. Othon Almanza Sr MD Mailing Address 1150 N 18th St Ste 102 City Abilene FEC ID number of contributing federal political committee. Name of Employer Clinical Pathology Associates Receipt For: Primary General Other (specify)	State Zip Code TX 79601-2931 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt 07 13 2015 Transaction ID: SA11AI.53001 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Brent D Benjamin MD Mailing Address Dept of Path 400 S 43rd St City Renton FEC ID number of contributing federal political committee. Name of Employer Valley Med Ctr Receipt For: Primary General Other (specify)	State Zip Code WA 98055-5714 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 07 29 2015 Transaction ID : SA11AI.53025 Amount of Each Receipt this Period 250.00
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 09 2015 Transaction ID: SA11AI.52985 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	r only)	

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

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	Statements may not be sold or used by any person ename and address of any political committee to				
NAME OF COMMITTEE (In Full)					
College of American Pathologis	ts Political Action Committee				
Full Name (Last, First, Middle Initial) Dr. Michael B Cohen MD		Date of Receipt			
Mailing Address 1950 Circle of Hope N3170		07 09 2015			
City	State Zip Code	Transaction ID : SA11AI.52987			
Salt Lake City	UT 84112	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation				
Huntsman Cancer Hospital	Pathologist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) 3. Dr. Samer A Dola MD		Date of Receipt			
Mailing Address 1900 Silver Cross Blvd		07 16 _2015			
City	State Zip Code	Transaction ID : SA11AI.53013			
New Lenox	IL 60451-9509	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation				
Silver Cross Hospital	Pathologist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) C. Dr. Joan E Etzell MD		Date of Receipt			
Mailing Address Shared Laboratory 2950 Collier Canyon Rd		07 16 _ 2015 _			
City 2950 Collier Carryon Rd	State Zip Code	Transaction ID : SA11AI.53011			
Livermore	CA 94551	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	400.00			
Name of Employer	Occupation				
Sutter Health					
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (optional)		1400.00			
	<u>·</u>				
TOTAL This Period (last page this line number	only)				

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

FOR LINE NUMBER:					PAGE	8	OF	16	
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	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Richard C. Friedberg MD,PhD		Date of Receipt
Mailing Address Chairman Dept of Path 759 Chestnut St # C-1170		07 13 2015
City	State Zip Code	Transaction ID : SA11AI.53002
Springfield	MA 01199-1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Baystate Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jerad Michael Gardner MD		Date of Receipt
Mailing Address 64 Duclair CT		07 16 2015
City	State Zip Code	Transaction ID : SA11AI.53010
Little Rock	AR 72223-9570	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. Patrick E. Godbey MD		Date of Receipt
Mailing Address 203 Indigo Dr		07 30 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.53037
Brunswick	GA 31525-6865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1010.00
Name of Employer	Occupation	
Southeastern Pathology Associates	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1010.00	
SUBTOTAL of Receints This Page (ontional)		3760.00
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TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	=	9	OF	16
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologi	ists Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. John Peter Grabbe MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
1493 Cambridge St	01-1-	07 24 2015
City Cambridge	State Zip Code MA 02139-1047	Transaction ID : SA11AI.53018
	100 t UZ 109-1047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Cambridge Health Alliance	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Alexander Joseph Lazar MD,P	hD	Date of Receipt
Mailing Address 1515 Holcombe Blvd # 85		07 13 _2015 _
City	State Zip Code	Transaction ID : SA11AI.52992
Houston	TX 77030-4009	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	-
University of Texas MD Anderson Cancer	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Dr. Alan Levin MD		Date of Receipt
Mailing Address 1701 SE Hillmoor Dr Ste C-	11	07 13 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.52990
Port Saint Lucie	FL 34952-7541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
St Lucie Medical Center	Pathologist]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
	<u>^</u>	
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Antonio Enrique Martinez MD Mailing Address 816 Wallace St		Date of Receipt
City	State Zip Code	07 13 2015 Transaction ID : SA11Al.52994
Coral Gables	FL 33134-2471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Palmetto General Hospital	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bobbi S Pritt MD		Date of Receipt
Mailing Address Div of Clinical Microbiology 200 1st St SW		07 13 / 2015
City	State Zip Code MN 55905-0002	Transaction ID : SA11AI.52995
Rochester	MN 55905-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mayo Clinic	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Angelica Rocio Putnam MD		Date of Receipt
Mailing Address Dept of Path 100 Mario Capecchi Dr		07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Salt Lake City	State Zip Code UT 84113-1100	Transaction ID : SA11AI.53008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Primary Childrens Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	1000.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 11 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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. James Joseph Schnabel MD, PhD Date of Receipt Mailing Address Path Dept 3300 NW Expressway 2nd Fl 2015 24 City Zip Code State Transaction ID: SA11AI.53017 OK Oklahoma City 73112-4999 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Integris Baptist Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Karim E Sirgi MD, MBA Date of Receipt Mailing Address 11693 E Ida Ave 07 24 2015 City State Zip Code Transaction ID: SA11AI.53020 CO Englewood 80111-4136 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Presbyterian St Lukes Med Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Maria Grazia Sparacino MD Date of Receipt Mailing Address 901 hwy 8 east 02 07 2015 City Zip Code State Transaction ID: SA11AI.52976 MS cleveland 38732 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Bolivar Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	 12	OF		16
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	d Statements may not be sold or used by any pers 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) A. Dr. Mark S Synovec MD		Date of Receipt
Mailing Address Lab		M = M / D = D / Y = Y = Y
1500 SW 10th Ave	State 7th Code	07 25 2015
City Topeka	State Zip Code KS 66604-1301	Transaction ID : SA11AI.53024
<u>-</u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	1
Stormont-Vail Reg Health Ctr	Pathologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	750.00	
Other (specify) ▼	/50.00	
Full Name (Last, First, Middle Initial) Dr. Stuart E VanMeter MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
1924 Alcoa Hwy	State 7's Code	07 02 2015
City Knoxville	State Zip Code TN 37920-1511	Transaction ID : SA11AI.52978
	3/870-1911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
LabCorp Knoxville	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Terry M Welsh MD		Date of Receipt
Mailing Address 3086 Ceylon Rd		07 29 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.53035
Costa Mesa	CA 92626-2306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Anaheim Regional Med Ctr	Pathologist]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	·	1500.00
, 3. 191 (optional)		
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FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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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. William W West MD Date of Receipt Mailing Address Path and Micro 983135 Nebraska Medical Ctr 2015 02 City Zip Code State Transaction ID: SA11AI.52979 Omaha NE 68198-3135 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Univ of Nebraska Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Gary B. Witkin MD Date of Receipt Mailing Address Dept of Pathology 4755 Ogletown-Stanton Rd 07 02 2015 City State Zip Code Transaction ID: SA11AI.52974 DE Newark 19718-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Christiana Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 11210.00 TOTAL This Period (last page this line number only).....

)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 16 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
d Statements matched the name and a	ay not be sold or used by any puddress of any political committed	erson for the purpose of soliciting contributions
jists Politica	al Action Committee	
Occupation		Date of Receipt 07 02 2015 Transaction ID: SA16.52967 Amount of Each Receipt this Period 375.00
		Date of Receipt M.M. / D.D. / Y.Y.Y.Y.Y. Amount of Each Receipt this Period
		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
	State VA C COO Occupation Aggregate State C Occupation Aggregate State C Occupation Aggregate C Occupation	State Zip Code C Coo355461 Occupation State Zip Code VA 23226 C C00355461 Occupation Aggregate Year-to-Date State Zip Code VA Zip Code

TOTAL This Period (last page this line number only).....

375.00

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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 saliciting contributions for of commercial purposes, other than using the name and address of any political committee. NAME OF COMMITTEE (in Full) NAME (last, First, Middle Initial) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME (last, First, Middle Initial) NAME (last, First, Middle Initial) NAME OF COMMITTEE (in Full) NAME (last, First, Middle Initial) NAME OF COMMITTEE (in Full) NAME OF COMMITT	ITEMIZED DISBURSEMENTS			one)				
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