Image# 201605189015531508	i				_			PAGE 1 / 23
FEC FORM 3X	AND	DISB	OF RECURSEN	/ENT	S		Office Use C	Duly
1. NAME OF COMMITTEE (in full)	TYPE OR	PRINT 🔻		mple: If typi the lines.	ng, type	12FE4M5		
College of Americar	n Pathologi	sts Politic	cal Action	Committe	e			
ADDRESS (number and street)	treet, NW					1 1 1 1	
Check if different than previously	Suite 59			<u> </u>	1		20005	
2. FEC IDENTIFICATION					 {		ZIF	° CODE 🔺
C C00274944			3. IS THIS REPORT		NEW (N) OR	AM (A	MENDED .)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Yea Report (Non-ele Year Only) (MY 	rt (Q1) (c) rt (Q2) rt (Q3) rt (YE) ar (d)	12-Day PRE-Electio Report for t	he:		(12C)	Sep	(12S) in St	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) the ate of Special (30S)
Termination Rep (TER)	port		Election on	M M /	D D /	Y = Y = Y = Y		the ate of
5. Covering Period	04 / D		016	through	04	/ D D /	2016	Y
I certify that I have examine Type or Print Name of Treas		and to the be chael Misialek	-	wledge and	belief it is tru	e, correct an	d complete.	
Signature of Treasurer	ohn Michael Mis	ialek Dr.		[Electronicall	y Filed] D	ate 05	/ D D 18	/ Y Y Y Y Y 2016
NOTE: Submission of false, e	rroneous, or inc	complete infor	mation may su	bject the per	son signing th	is Report to t	he penalties	of 2 U.S.C. §437g.
Office Use Only								ORM 3X 12/2004

05/18/2016 14 : 39

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write	or	Туре	Committee	Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From: 04	M / D D / Y Y Y Y 01 2016 To:	04 / D D / Y Y Y Y 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		486810.44
	(b) Cash on Hand at Beginning of Reporting Period	541193.74	
	(c) Total Receipts (from Line 19)	25854.00	132465.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	567047.74	619275.44
7.	Total Disbursements (from Line 31)	8614.40	60842.10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	558433.34	558433.34
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2016	To: 04 / D D / Y Y Y Y 30 2016
	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)	23800.00	116450.00
	(ii) Unitemized	2054.00	16015.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	25854.00	132465.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	25854.00	132465.00
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
		0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	7 7 7	7 7
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made	7 7 7	7 7 7
	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
		7 7 7	
	(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)) ►	25854.00	132465.00
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	25854.00	132465.00

Page 3

I

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	114.40	442.10
(c) Total Operating Expenditures	114.40	442.10
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	8500.00	59900.00
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
	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	500.00
H		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	500.00
(add Lines 28(a), (b), and (c)) ►		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(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)).	8614.40	60842.10
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8614.40	60842.10
	7 7 7	00042.10

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	25854.00	132465.00
. Total Contribution Refunds (from Line 28(d))	0.00	500.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25854.00	131965.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	114.40	442.10
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	114.40	442.10

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

PAGE 6 OF

IT.			Use separate schedule(s)	(ch	eck only	/ or	ne)				
			for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c 15	12	Г	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose of	soliciting	g contri	ibutio	ns
$\overline{)}$	NAME OF COMMITTEE (In Full)										
/	College of American Pathologie	sts Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr. Chandnish K Ahluwalia MD				Date of	Re	eceipt				
	Mailing Address 1812 Verdugo Blvd				м м 04	/	05) / Y	2016		1
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.			
	Glendale	CA	91208-1409		Amount	of	Each F	leceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С					7		25	50.00	
	Name of Employer	Occupation			Mer	mo l	tem				
	Verdugo Hills Hosp	Pathologist									
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		250.00	11.							
	Other (specify)		1 1 1	41.							
В.	Full Name (Last, First, Middle Initial) Dr. Paul Bachner MD				Date of	Re	ceipt				
	Mailing Address Dept of Path & Lab Med 800 Rose St MSC 112				м м 04	1	06) / Y	2016		1
	City	State	Zip Code		Trans	acti	on ID :	SA11AL	54020		
	Lexington	KY	40536-0298		Amount	of	Each F	leceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		50	00.00	
	Name of Employer	Occupation			Mei	mo l	ltem				
	Univ of Kentucky Med Ctr	Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
с.	Full Name (Last, First, Middle Initial) Dr. Jiri Biorn Bedrnicek MD				Date of	Re	eceipt				
	Mailing Address The Pathology Ctr 8303 Dodge St				м м 04	1	01) / Y	2016		
	City	State	Zip Code		Trans	act	ion ID :	SA11AI.	54010		
	Omaha	NE	68114-4108		Amount	of	Each F	leceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С					7		25	50.00	
	Name of Employer	Occupation			Mer	mo l	tem				
	Methodist Hospital	Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00]							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		•	► ►			7 I		100	00.00	

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	eck only	y on	ne)			
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Any information copied from such Reports or for commercial purposes, other than usi				or the		oose of	soliciting	g contribu	utions
NAME OF COMMITTEE (In Full)									
College of American Pathol	ogists Politica	al Action Committee							
Full Name (Last, First, Middle Initial) A. Dr. Jane A Bennett-Munro MD			[Date of	Re	ceipt			
Mailing Address Dept of Path 650 Addison Ave W				м м 04	/	01	/ Y	2016	Y
City Twin Falls	State ID	Zip Code 83301-5444				on ID :	SA11AI.	54007	
FEC ID number of contributing			′	Amount	01		eceipt th		
federal political committee.	C					7		500	0.00
Name of Employer	Occupation			Mer	no li	tem			
St Luke's Magic Valley Reg Med Ctr Receipt For:	Pathologist								
Primary General	Aggregate	Year-to-Date ▼	1.						
Other (specify)		500.00	4						
Full Name (Last, First, Middle Initial) B. L Curtis Buchholz Dr.				Data of	Po	agint			
Mailing Address Lab				Date of	ne /		/ Y	Y Y	Y
44455 Sterling Hwy				04	Ľ	07		2016	
City	State AK	Zip Code					SA11AI.		
Soldotna FEC ID number of contributing		99669	/	Amount	of	Each R	eceipt th	is Period	d
federal political committee.	C					tem	7	500	.00
Name of Employer Peninsula Pathology Institute	Occupation			Inter	110 1	lem			
Receipt For:	Pathologist	Year-to-Date ▼							
Primary General Other (specify) ▼		500.00	1						
Full Name (Last, First, Middle Initial) C. Dr. David K Carter MD				Date of	Re	ceipt			
Mailing Address Dept of Path 407 E 3rd St				м м 04	/	. 06	/ Y	2016	Ŷ
City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	54018	
Duluth	MN	55805-1950	/	Amount	of	Each R	eceipt th	is Period	d
FEC ID number of contributing federal political committee.	С				_	7		100	.00
Name of Employer	Occupation			Mer	mo l	tem			
St. Mary's/Duluth Clinic Health System	Pathologist		_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		250.00							
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PAGE 8 OF

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or to	information copied from such Reports and or commercial purposes, other than using the												
	AME OF COMMITTEE (In Full) College of American Pathologi	sts Politica	al Action Committee										
	ull Name (Last, First, Middle Initial) Dr. DeWitt S Davenport MD			Date of Receipt									
_	lailing Address 5013 Oakmont				м м 04	/	01) / Y) 16	Y		
	ity Harlingen	State TX	Zip Code 78552					SA11AI					
F	EC ID number of contributing ederal political committee.	С								2000.0)0		
D	ame of Employer octors Hosp at Renaissance	Occupation Pathologist			Mer	no lte	em						
R	eceipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 2000.00										
	ull Name (Last, First, Middle Initial) Dr. Theresa S Emory MD				Date of	Rec	ceipt						
_	lailing Address 1918 W State St				04	/	08	/ Y	ү 20	ү 16	Y		
	ity Bristol	State TN	Zip Code 37620-1940					SA11AI					
	EC ID number of contributing ederal political committee.	С					,			1500.0)0		
	ame of Employer ighlands Pathology Consultants, PC	Occupation Pathologist			Mer	no lt	em						
R	eceipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1500.00										
	ull Name (Last, First, Middle Initial) Dr. Brenda Lee Eriksen MD				Date of	Rec	ceipt						
_	lailing Address Dept of Path 901 MacArthur Blvd				м м 04	/	07) / Y		16	Y		
	ity Munster	State IN	Zip Code 46321-2901					SA11AI leceipt t					
	EC ID number of contributing ederal political committee.	С					,	7		1000.0)0		
N	ame of Employer	Occupation			Mer	no lt	em						
	he Community Hospital	Pathologist											
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
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PAGE 9 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check d	only o	ne)							
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NAME OF COMMITTEE (In Full) College of American Patholog	gists Politica	al Action Committee										
Full Name (Last, First, Middle Initial) A. Dr. Edward Ewing DO			Date	of R	eceipt							
Mailing Address Lab			04 07 _ 2016 _									
405 W Grand Ave City	State	Zip Code			07 tion ID : 3	SA11AI.	2016 54026					
Dayton	OH	45405-4720	Amo	unt of	Each R	eceipt th	is Period	l				
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Name of Employer	Occupation		- U'	Memo	ltem							
Grandview Hospital and Med Ctr	Pathologist											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		500.00										
Full Name (Last, First, Middle Initial) B. Dr. K. Barton Farris MD			Date	of R	eceipt							
Mailing Address Delta Pathology 1101 Medical Center Blvd	Otata	Zin Onda	0	4	13	/ Y	у у 2016	Y				
City Marrero	State LA	Zip Code 70072-3147			Each R	-		1				
FEC ID number of contributing federal political committee.	С						250	_				
Name of Employer West Jefferson Medical Center	Occupation Pathologist			Memo	ltem							
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		, 250.00	1									
Full Name (Last, First, Middle Initial) C. Dr. Mary Elizabeth Fowkes MD	,PhD		Date	of R	eceipt							
Mailing Address 1468 Madison Ave Annenberg 15-22	State	Zip Code	0	4	01		2016	Y				
City New York	NY	10029			tion ID : Each Re			1				
FEC ID number of contributing federal political committee.	С				7	- 7	1000	_				
Name of Employer	Occupation	1		Memo	ltem							
Mount Sinai Medical Center	Pathologist											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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			Detailed Summary Page		< 11a		11b	11c		12				
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	y information copied from such Reports and s for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
/	College of American Pathologis	sts Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr. Lauren A Hammock MD				Date of	Re	ceipt							
	Mailing Address PO Box 72059			04 07 2016										
	City	State	Zip Code		Trans	acti	on ID :	SA11AL						
	Eugene	OR	97401-0285	_	Amount	of	Each R	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					7		2	2500.0	00			
	Name of Employer	Occupation			Mer	no l	tem							
	Pathology Consultants PC	Pathologist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		2500.00	11.										
	Other (specify)		2500.00											
в.	Full Name (Last, First, Middle Initial) Dr. Michael Joseph Hayes MD				Date of	Re	ceipt							
	Mailing Address 1 Science CT Ste 200				04	/	07	/ Y		16	Y			
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	5403	37				
	Columbia	SC	29203-9653		Amount	of	Each R	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		_	250.0	00			
	Name of Employer Professional Pathology Services	Occupation Pathologist			Mei	no l	tem							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	00 0		11.										
	Other (specify)		250.00	4										
с.	Full Name (Last, First, Middle Initial) Dr. Gene N Herbek MD				Date of	Re	ceipt							
	Mailing Address The Path Center 8303 Dodge St				м м 04	1	07	/ Y		ү 16	Y			
	City Omaha	State NE	Zip Code 68114-4108					SA11AL						
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	Name of Employer	Occupation			Mer	no l	tem							
	Methodist Hospital Pathology	Pathologist												
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committee	erson f e to so	for the	pur ntrib	pose of	soliciting	g contr	ibutic	ns
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Politica	al Action Committee								
Full Name (Last, First, Middle Initial) Dr. William F. Hickey MD				Date of	f Re	eceipt				
Mailing Address Dept of Path/Borwell Bldg 1 Medical Center Dr				м м 04	/	01) / Y	Y 2010		
City Lebanon	State NH	Zip Code 03756-1000					SA11AI. Receipt th		iod	
FEC ID number of contributing federal political committee.	С					7		2	50.00	
Name of Employer Dartmouth Med School	Occupation Pathologist			Me	mo l	tem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) B. Dr. Rebecca L. Johnson MD Mailing Address 4830 W. Kennedy Blvd Ste 6	200		_	Date of	f Re			W	V V	_
City	State	Zip Code		04		07		2016		
Tampa	FL	33609-2571					SA11AI. Receipt th		iod	
FEC ID number of contributing federal political committee.	С					л. I.	- 7	50	00.00	
Name of Employer American Board of Pathology	Occupation Pathologist			Me	mo	ltem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Dr. Mustafa Kaakour MD				Date of	f Re	eceipt				
Mailing Address 1676 Sunset Ave				м м 04	/	13		۲ 2016		1
City Utica	State NY	Zip Code 13502-5416					SA11AI. Receipt th			
FEC ID number of contributing federal political committee.	С					л. I.	- 7	2	50.00	
Name of Employer	Occupation			Me	mol	tem				
Faxton-St Lukes Healthcare Receipt For:	Pathologist		_							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe						7		100	00.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	EMIZED RECEIPTS		tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologi	sts Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Donald Steven Karcher MD			Date of Receipt
	Mailing Address Dept of Path 2120 L St NW Ste 200 City	State	Zip Code	04 27 2016 Transaction ID : SA11AI.54064
	Washington	DC	20037-1547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer George Washington Univ Med Ctr	Occupation Pathologist		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Dr. Bradley S. Karon MD,PhD			Date of Receipt
	Mailing Address Dept of Path 200 First St SW			04 07 2016
	City Rochester	State MN	Zip Code 55905-0001	Transaction ID : SA11AI.54022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Mayo Clinic	Occupation Pathologist		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
с.	Full Name (Last, First, Middle Initial) Dr. Marc Elwin Keen MD			Date of Receipt
	Mailing Address Director of Clin Lab 1 N Atkinson Dr	_		04 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ludington	State MI	Zip Code 49431-1906	Transaction ID : SA11AI.54036 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer	Occupation	l	Memo Item
	Memorial Medical Center of West Michig	Pathologist		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 13 OF

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۹.	Full Name (Last, First, Middle Initial) Dr. Lawrence C. Kenyon MD,PhD				Date of	Re	eceipt				
	Mailing Address 132 S 10th St	01.1			м м 04		07	J L	20) 016	Y
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	Thomas Jefferson University Receipt For:	Pathologist									
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3.	Full Name (Last, First, Middle Initial) Dr Jonathan S Krauss MD				Date of	Re	eceipt				
	Mailing Address PO Box 12611				м м 04	/	07	/ Y		у 16	Y
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<u> </u>	Full Name (Last, First, Middle Initial) Dr. John A Laczin MD				Date of	Re	eceipt				
	Mailing Address 1950 Mulsanne Dr				м м 04	1	07) / Y) 16	Y
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly o	ne)								
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Houston	TX	77096-1245	Amount of Each Receipt this Period										
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	Mailing Address Dept of Pathology 1301 Carlisle St				м м 04	1	07	/ Y	2016	Y				
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В.	Full Name (Last, First, Middle Initial) Dr. Bobbi S Pritt MD				Date of	Re	ceipt							
	Mailing Address Div of Clinical Microbiology 200 1st St SW				м м 04	/	D D D 27	/ Y	2016	Y				
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с.	Full Name (Last, First, Middle Initial) Dr. Cory Anthony Roberts MD				Date of	Re	ceipt							
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A.	Full Name (Last, First, Middle Initial) Dr. Charles Edward Slonaker III MD				Date of	Re	eceipt								
	Mailing Address 24410 Oaklawn Plantation Rd				м м 04	/	D D 14	/ Y	2016						
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в.	Full Name (Last, First, Middle Initial) Dr. Stuart E VanMeter MD				Date of	Re	eceipt								
	Mailing Address Dept of Path 1924 Alcoa Hwy				м м 04	/	D D D 27	/ Y	2016]				
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C.	Full Name (Last, First, Middle Initial) Dr. Stephen Christopher Ward ME),PhD			Date of	Re	eceipt								
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327 Medical Park Dr City	State	Zip Code	04 27 2016 Transaction ID : SA11AI.54065											
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Full Name (Last, First, Middle Initial) B. Dr. Jeff A. Welsh MD			Date of Receipt											
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А.	Sun Trust Bank							
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