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Image# 201511199003383637

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An Au	uthorized Committee	Office	Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
College of American P	athologists Political	Action Committee		
ADDRESS (number and street)	1350 I Street, NW Suite 590			
Check if different than previously reported. (ACC)	Washington		DC 2000	05
2. FEC IDENTIFICATION NU	JMBER ▼ C	CITY A	STATE A	ZIP CODE ▲
C C00274944	3.	IS THIS REPORT X NEW (N) OR	AMENDEI (A)	)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On: M	eb 20 (M2) May 20 (M9) lar 20 (M3) Jun 20 (M6) pr 20 (M4) Jul 20 (M7)	Sep 20 (M9)	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C January 31 Year-End Report (Y	PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G)  Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)  Termination Report (TER)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period 10	0 01 2015			2015
I certify that I have examined the	•	of my knowledge and belief it is	true, correct and compl	lete.
Signature of Treasurer John	Michael Misialek Dr.	[Electronically Filed]		2015
NOTE: Submission of false, erron	eous, or incomplete informat	tion may subject the person signing	this Report to the pena	Ities of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### College of American Pathologists Political Action Committee

Report Covering the Period: From: 10 01 2015 To: 10 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	476151.14	
	(c) Total Receipts (from Line 19)	17631.00	233917.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	493782.14	639776.24
7.	Total Disbursements (from Line 31)	-2887.60	143106.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	496669.74	496669.74
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

	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	10450.00	100061.00			
(i) Itemized (use Schedule A)	13156.00	199861.00			
(ii) Unitemized	4475.00	33681.00			
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	17631.00	233542.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry		2007/2.22			
Totals to Line 33, page 5)▶	17631.00	233542.00			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
	0.00				
. All Loans Received	0.00	0.00			
Loan Repayments Received	0.00	0.00			
. Offsets To Operating Expenditures	7	7			
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made					
to Federal Candidates and Other					
Political Committees	0.00	375.00			
. Other Federal Receipts	7				
(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			
	7	5.00			
(b) Lovin Fundo (from Cobadula 115)	0.00	0.00			
(b) Levin Funds (from Schedule H5)	7	0.00			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		0.00			
. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	17631.00	233917.00			
. Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	17631.00	233917.00			

#### **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	10.001 11110 1 01100	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	112.40	1056.50
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	112.40	1056.50
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	-3000.00	142050.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	3.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Lasa Bassananta Mada	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	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
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
	2.22	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	5.00	
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))	-2887.60	112106 50
20, 27, 20, 20, 21, 20(u), 28 and 30(b)).	-2007.00	143106.50
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	2007.00	142400 50
from Line 31)	-2887.60	143106.50

#### **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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17631.00	233542.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17631.00	233542.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	112.40	1056.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	112.40	1056.50

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F ' + H9 A = N5 H+C B

Form/Schedule: F3XN Transaction ID :

October 1, 2015

This report is adjusted for outstanding checks that were never presented to our PAC bank account for payment. (These checks were never cashed) Therefore, we are removing these items from our FEC reporting files.

Form/Schedule: Transaction ID:

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

FOR LINE NOMB (check only one)

-	FOR LINE NUMBER:					PAGE		/	OF		23
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

	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 Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr Robert S Beissner MD		Date of Receipt
Mailing Address Dept. Of Pathology 2401 S 31st St		10 23 2015
City Temple	State Zip Code TX 76508-0002	Transaction ID : SA11AI.53327  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer  Scott and White Memorial Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial)  3. Dr Frank J Beuerlein MD  Mailing Address Lab Path		Date of Receipt
900 E Oak Hill Ave City	State Zip Code	10 01 2015 Transaction ID : SA11Al.53223
Knoxville  FEC ID number of contributing federal political committee.	TN 37917-4505	Amount of Each Receipt this Period 50.00
Name of Employer Physicians Regional Medical Center	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  D Mark Brissette Dr.		Date of Receipt
Mailing Address 1610 Little Raven St #508		10 18 2015
City Denver	State Zip Code CO 80202-6180	Transaction ID : SA11Al.53247  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
VA Med Ctr-Denver  Receipt For:  Primary General  Other (specify) ▼	Pathologist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line numbe	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 persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial)  L Curtis Buchholz Dr.  Mailing Address Lab		Date of Receipt
44455 Sterling Hwy		10 21 2015
City	State Zip Code	Transaction ID : SA11AI.53262
Soldotna	AK 99669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Peninsula Pathology Institute	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Eileen M Cahill MD		Date of Receipt
Mailing Address Dept of Path  300 Randall Rd	7. 0. 1	10 16 2015
City	State Zip Code	Transaction ID : SA11AI.53246
Geneva	IL 60134-4200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Delnor Hospital	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) C. Dr. Jimmy R Clark MD		Date of Receipt
Mailing Address Dept of Path 8901 W Lincoln Ave		10 21 2015
City West Allis	State Zip Code WI 53227-2409	Transaction ID : SA11AI.53265  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
ACL Labs	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line numbe	r only)	

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

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Any information copied from such Reports and So or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
$\Big angle$ College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Dr. Mary Elizabeth Fowkes MD,PhD		Date of Receipt
Mailing Address 1468 Madison Ave		M = M / D = D / Y = Y = Y = Y
Annenberg 15-22 City	State Zip Code	10 21 2015 Transaction ID : SA11AI.53276
New York	NY 10029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Mount Sinai Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. David L. Gang MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
759 Chestnut St	State Zip Code	10 21 2015
Springfield	MA 01199-1001	Transaction ID : SA11AI.53277
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	
Baystate Med Ctr	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Dr. Alexandra J. Gillespie MD		Date of Receipt
Mailing Address 3111 Beverly Dr		10 28 2015
City	State Zip Code	Transaction ID : SA11AI.53350
Dallas	TX 75205-2922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	255.00
Name of Employer	Occupation	
PathAdvantage Associated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	255.00	
SUBTOTAL of Receipts This Page (optional)		1455.00
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FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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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. Eric F Glassy MD Date of Receipt Mailing Address 2801 Via Buena 2015 10 02 City Zip Code State Transaction ID: SA11AI.53231 CA Palos Verdes Estates 90274-4417 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Affiliated Pathologists Medical Group Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard R. Gomez MD Date of Receipt Mailing Address Laboratory 1700 SW 7th St 10 29 2015 City State Zip Code Transaction ID: SA11AI.53356 KS Topeka 66606-2489 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St Francis Hlth Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Emily Ann Green MD Date of Receipt Mailing Address 3936 19th St 10 21 2015 City Zip Code State Transaction ID: SA11AI.53280 CA San Francisco 94114-2522 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation David Grant Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)  College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Thomas S. Haas DO  Mailing Address Department of Pathology  1000 Mineral Point Ave  City  Janesville  FEC ID number of contributing federal political committee.  Name of Employer  Mercy Hospital  Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code WI 53548-2940  C  Occupation Pathologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt  10 08 2015  Transaction ID: SA11AI.53236  Amount of Each Receipt this Period  300.00
Mailing Address Department of Pathology 1000 Mineral Point Ave  City Janesville  FEC ID number of contributing federal political committee.  Name of Employer Mercy Hospital  Receipt For:  Primary General Other (specify) ▼	State Zip Code WI 53548-2940  C  Occupation Pathologist  Aggregate Year-to-Date ▼  900.00	Date of Receipt  10 25 2015  Transaction ID: SA11AI.53331  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Dr William W Hinchey MD  Mailing Address 601 Canterbury Hill St  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer Christus Santa Rosa Westover Hills  Receipt For: Primary General Other (specify)	State Zip Code TX 78209-2817  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 01 2015  Transaction ID : SA11AI.53224  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1100.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 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. Richard H Knierim MD Date of Receipt Mailing Address 11920 NE 39th St 2015 10 21 City Zip Code State Transaction ID: SA11AI.53292 WA 98005-1250 Bellevue Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Guillermo G Martinez-Torres MD Date of Receipt Mailing Address 2323 N Lake Dr 10 20 2015 City State Zip Code Transaction ID: SA11AI.53249 WI Milwaukee 53211-4508 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Columbia St Marys Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jonathan Louis Myles MD Date of Receipt Mailing Address Dept of Anat Path L25 9500 Euclid Ave 10 21 2015 City State Zip Code Transaction ID: SA11AI.53300 OH Cleveland 44195-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Cleveland Clinic Foundation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 13 OF 23 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. John Nachazel MD Date of Receipt Mailing Address 1401 Lachman Ln 07 2015 10 City State Zip Code Transaction ID: SA11AI.53235 CA Pacific Palisades 90272-2233 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Dignity Health-California Hospital Med Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Meenakshi Arvind Nandedkar MD Date of Receipt Mailing Address 3302 Enterprise Rd 10 15 2015 City State Zip Code Transaction ID: SA11AI.53245 Mitchellville MD 20721-2556 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Diagnostic Pathology Services PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Matthew Ray Plymyer MD Date of Receipt Mailing Address 506 Devonhall Ln 10 21 2015 City State Zip Code Transaction ID: SA11AI.53305 NC Cary 27518-2658 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Michael H Reilly MD Date of Receipt Mailing Address Dept of Path Cheel 1st Flr 2015 10 27 City Zip Code State Transaction ID: SA11AI.53346 Ridgewood NJ 07450-2726 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Valley Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Howard L Siegel MD Date of Receipt Mailing Address Department of Pathology 6701 N Charles St 10 01 2015 City State Zip Code Transaction ID: SA11AI.53230 MD **Baltimore** 21204-6808 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greater Baltimore Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Anthony John Simonetti MD, MBA Date of Receipt Mailing Address Main Lab 10 21 2015 9500 Euclid Ave Rm L11 City Zip Code State Transaction ID: SA11AI.53315 OH Cleveland 44195-0002 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Cleveland Clinic Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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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. Ross W Simpson MD Date of Receipt Mailing Address Dept of Path-Meadowbrook W101 6500 Excelsior Blvd 2015 10 21 City Zip Code State Transaction ID: SA11AI.53316 MN St Louis Park 55426 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Park Nicollet Methodist Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John W Skinner MD Date of Receipt Mailing Address Dept of Path 300 Main St 10 18 2015 City State Zip Code Transaction ID: SA11AI.53248 ME Lewiston 04240-7027 Amount of Each Receipt this Period FEC ID number of contributing 251.00 federal political committee. Name of Employer Occupation Central Maine Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 251.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Charles Edward Slonaker III MD Date of Receipt Mailing Address 24410 Oaklawn Plantation Rd 10 28 2015 City State Zip Code Transaction ID: SA11AI.53354 MS Pass Christian 39571-8969 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Mem Hosp at Gulfport Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2251.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use s for ea Detail

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separate schedule(s)	(che	ck only	or	ıe)					
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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	gists Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Prudence V Smith MD  Mailing Address HCC Path Service		Date of Receipt
12902 Magnolia Dr		10 21 2015
City	State Zip Code	Transaction ID : SA11AI.53318
Татра	FL 33612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
H Lee Moffitt Cancer Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Dr Leslie L Walters MD	•	Date of Receipt
Mailing Address 5604 Banister Ct		10 21 2015
City	State Zip Code	Transaction ID : SA11AI.53323
Plano	TX 75093-4227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Medical City Dallas Hospital	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. Nancy A Young MD	1	Date of Receipt
Mailing Address Path and Lab Med 5501 Old York Rd		10 22 2015
City Philadelphia	State Zip Code PA 19141-3018	Transaction ID : SA11AI.53326  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	-
Albert Einstein Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	)	950.00
TOTAL This Period (last page this line numb	per only)	13156.00

### S 17

SC	CHEDULE B (FEC Form 3X)				OP 1	INE	NUMBE				PAGE	17	OF	23
	EMIZED DISBURSEMENTS		arate schedule(s)	\ I	_	LINE I	_	n.				,	<u> </u>	
			category of the Summary Page	`		21b	22		23		24	25		26
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	NAME OF COMMITTEE (In Full)	)	۸ مانام به روانام ۱	:44.										
	College of American Pathologists F	Political .	Action Com	ımıtte	ee									
	Full Name (Last, First, Middle Initial)													
Α.	Sun Trust Bank								isburse					
	Mailing Address P.O. Box 85024						M 1	0		)5		2015	Y	
		State	Zip Code				Tra	nsac	tion ID	: SE	321B.53	363		
	Richmond Purpose of Disbursement	VA	23285											
	Suntrust Moneris ACH Fee						Amo	unt o	f Each	Disk	ourseme	ent this	Period	d
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					Гуре	y,			1			4	1.90	
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	Senate President	Primary	General											
	State: District:	Other (spec	city) $\blacktriangledown$											
_	Full Name (Last, First, Middle Initial)													
В.	Sun Trust Bank						Date	of D	isburse	emen	nt			
							M	M	/ D	D	/ Y	Y	Y	
	Mailing Address P.O. Box 85024						1	0	2	21		2015		
	City	State	Zip Code											
	Richmond	VA	23285				Tra	nsac	tion ID	: SE	321B.53	364		
	Purpose of Disbursement				_	_								
	Suntrust Account Analysis Fee			L			Amo	unt o	f Each	Disb	ourseme	nt this	Perio	d
	Candidate Name				tegor	y/						7	0.50	7
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		Primary	General											
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_	Full Name (Last, First, Middle Initial)													
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	Mailing Address						M	M	/ D	D	/ Y	Y	Y	
	City	State	Zip Code											
	Purpose of Disbursement					_								
							Amo	unt o	f Each	Disk	ourseme	ent this	Period	d
	Candidate Name			Ca	tegor	y/							-	7
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	Office Sought: House Disbursen Senate	nent For: Primary	General											
	President	Other (spe												
	State: District:	2 (OPO	- <i>31</i> - ♥											
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 18 OF 2
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	one) 22 🔀 23 🔲 24 📗 25 📉 2
Any information copied from such Reports and State	ements may not be sold or u	sed by any person	28a 28b 28c 29 3 on for the purpose of soliciting contributions
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
College of American Pathologists	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. BILIRAKIS FOR CONGRESS	Date of Disbursement		
Mailing Address P.O. BOX 606			10 28 2015
City	State Zip Code		Transaction ID : SB23.53212
TARPON SPRINGS	FL 24688		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought:   House   Disburse	ement For: 2016	Туре	
Senate	Primary General		
State: FL District: 12	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. CITIZENS FOR RUSH			Date of Disbursement
Mailing Address P.O. BOX 7292			10 01 2015
City	State Zip Code		Transaction ID : SB23.53210
Chicago Purpose of Disbursement	IL 60680		
CHECK NEVER CASHED			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	-1500.00
Office Sought:    House   Disburse	ement For: 2014  Primary		
State: IL District: 01  Full Name (Last, First, Middle Initial)			
C. COMMITTEE TO RE-ELECT CONGRI	ESSMAN DANA ROHR	ABACHER	Date of Disbursement
Mailing Address 170E 17TH STREET #110			10 28 2015
City	State Zip Code		Transaction ID : SB23,53213
COSTA MESA Purpose of Disbursement	CA 92627		
r arposo or Biobarcomone			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Office Sought:  House  Disburs	ement For: 2016	Туре	
Senate Stagnik	Primary General		
President State: CA District: 48	Other (specify) ▼		
State: CA District: 48			
SUBTOTAL of Disbursements This Page (optional)		·····•	0.00
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TOTAL This Period (last page this line number onl	у)	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 O	F 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	27	22 X 23 24 25 28a 28b 28c 29	30
Any information copied from such Reports and States				
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committe	ee.
NAME OF COMMITTEE (In Full)	Political Action Com	mittoo		
College of American Pathologists I	Political Action Com	millee		
Full Name (Last, First, Middle Initial)			Data of Diskumannant	
A. DIANE BLACK FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 1437			10 01 2015	Y
•	State Zip Code		Transaction ID : SB23,53211	
GALLATIN Purpose of Disbursement	TN 37066		Transaction ib . 3623.33211	
CHECK NEVER CASHED			Amount of Each Disbursement this Po	eriod
Candidate Name		Category/	2000	00
		Type	-2000.	.00
Office Sought: House Disburser Senate	ment For: 2014  Primary			
President	Other (specify)			
State: TN District: 06				
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF JIM MCDERMOTT			Date of Disbursement	
Mailing Address 528 F STREET TERRACE			10 28 2015	Y
Maining Address 520 F STREET TERRACE			10 20 2010	
,	State Zip Code		Transaction ID : SB23.53216	
Seattle Purpose of Disbursement	WA 98111			
·			Amount of Each Disbursement this Pe	eriod
Candidate Name		Category/	1000.	00
Office County   Nd House		Type	1000.	.00
	ment For: 2016  Primary General			
President	Other (specify)			
State: WA District: 07	•			
Full Name (Last, First, Middle Initial)			D (D)	
FRIENDS OF SCHUMER			Date of Disbursement	
Mailing Address 192 LEXINGTON AVENUE			10 28 2015	Y
SUITE 1001				
City NEW YORK	State Zip Code NY 10016		Transaction ID: SB23.53217	
Purpose of Disbursement	10010			
·			Amount of Each Disbursement this Po	eriod
Candidate Name		Category/	2500.	00
Office Sought: House Disburse	mant Fam. 2012	Type	2500.1	00
Office Sought: House Disburser  Senate	ment For: 2016  Primary General			
President	Other (specify)			
State: NY District: 00				
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or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	D 11/1	***								
College of American Pathologists	Political Action Com	ımıttee								
Full Name (Last, First, Middle Initial)										
A. GRASSLEY COMMITTEE			Date of Disbursement							
			M M / D D / Y Y Y Y							
Mailing Address PO BOX 1000			10 01 2015							
City	State Zip Code									
DES MOINES	IA 50304		Transaction ID : SB23.53209							
Purpose of Disbursement										
CHECK NEVER CASHED			Amount of Each Disbursement this Period							
Candidate Name		Category/	-1000.00							
Office Sought: House Disburse	ment For: 2014	Туре								
X Senate   X Senate	Primary General									
President	Other (specify) ▼									
State: IA District: 00	-									
Full Name (Last, First, Middle Initial)										
B. KIND FOR CONGRESS COMMIT	TEE		Date of Disbursement							
Mailing Address P.O. BOX 184			10 28 2015							
Maining / Ida 1000 1.0. BOX 104			10 20 2010							
City	State Zip Code		Transaction ID : SB23.53218							
LA CROSSE Purpose of Disbursement	WI 54602									
Fulpose of Disbursement			Amount of Each Disbursement this Period							
Candidate Name		Category/								
		Type	1500.00							
	ment For: 2016									
Senate President	Primary General									
State: WI District: 03	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
c. LANCE FOR CONGRESS			Date of Disbursement							
			M M / D D / Y Y Y Y							
Mailing Address PO BOX 225			10 28 2015							
City	State Zip Code									
COLONIA	NJ 07067		Transaction ID : SB23.53219							
Purpose of Disbursement										
Condidate Name			Amount of Each Disbursement this Period							
Candidate Name		Category/	1000.00							
Office Sought:	ement For: 2016	Type	7							
Senate	Primary General									
President	Other (specify) ▼									
State: NJ District: 07										
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SCHEDULE B (FEC Form 3X)	I		
	l	FOR LINE	NUMBER: PAGE 21 OF 23
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Any information copied from such Reports and State	ements may not be sold or us	sed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the na	me and address of any politi	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
	Political Action Com	mittoo	
College of American Pathologists	Political Action Com	millee	
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Full Name (Last, First, Middle Initial)			
A. LONE STAR LEADERSHIP PAC			Date of Disbursement
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Mailing Address PO BOX 30844			10 01 2015
0			
City	State Zip Code		
			Transaction ID: SB23.53205
BETHESDA	MD 20824		
Purpose of Disbursement			
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Candidate Name		Category/	
		Type	-5000.00
Office Sought: House Disburse	ement For: 2012	Турс	
Senate	Primary General		
President   >	Other (specify) ▼		
State: District:	OTHER		
Full Name (Last, First, Middle Initial)			
_			Date of Disbursement
B. MARKEY SENATE VICTORY			Date of Dispuisement
			M M / D D / Y Y Y Y
Mailing Address 120 MARYLAND AVENUE NE			10 01 2015
City	State Zip Code		Transaction ID : SB23.53208
14/4 01 111 10 70 11	DC 20002		Transaction ib . 3D23.33200
WASHINGTON			
WASHINGTON Purpose of Disbursement			
			Amount of Each Disbursement this Period
Purpose of Disbursement			Amount of Each Disbursement this Period
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Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Disburse	ement For: 2014		
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Disburse Senate	ement For: 2014 Primary General		
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Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00	Primary General		
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)	Primary General		-1000.00
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00	Primary General		
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE	Primary General		-1000.00  Date of Disbursement
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)	Primary General		-1000.00  Date of Disbursement
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE  Mailing Address PO BOX 32248	Primary General Other (specify) ▼		-1000.00  Date of Disbursement
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE	Primary General		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE  Mailing Address PO BOX 32248  City NEWARK Purpose of Disbursement	Primary General Other (specify) ▼  State Zip Code		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE  Mailing Address PO BOX 32248  City NEWARK Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Disburse	Other (specify) ▼  State Zip Code NJ 07102  ement For: 2012	Type  Category/	Date of Disbursement  M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE  Mailing Address PO BOX 32248  City NEWARK Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Disburse	Other (specify) ▼  State Zip Code NJ 07102  ement For: 2012	Type  Category/	Date of Disbursement  M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE  Mailing Address PO BOX 32248  City NEWARK Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President  Disburse Senate President	Other (specify) ▼  State Zip Code NJ 07102  Primary General  Other (specify) ▼	Type  Category/	Date of Disbursement  M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: MA District: 00  Full Name (Last, First, Middle Initial)  C. MENENDEZ FOR SENATE  Mailing Address PO BOX 32248  City NEWARK Purpose of Disbursement CHECK NEVER CASHED  Candidate Name  Office Sought: House Senate President State: NJ District:	Other (specify) ▼  State Zip Code NJ 07102  Primary General Other (specify) ▼  Other	Category/ Type	Date of Disbursement  M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	College of American Pathologists F	Political	Action Comp	nitte	_									
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	Full Name (Last, First, Middle Initial)													
Α.	PALLONE FOR CONGRESS						Date	of Di	isburse	ement				
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В.	PEOPLE FOR PATTY MURRAY U	J S SEN	ATE CAMPA	۱GN	1		Date	of Di	isburse	ement				
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	Full Name (Last, First, Middle Initial)													
C.	VERN BUCHANAN FOR CONGRE	ESS					Date	of Di	isburse	ement				
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	Mailing Address P.O. BOX 48928						10	)	0	1		2015		
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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 23 OF 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	IVOIVIBEIT:
II LIVIIZED DISBUNSEIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30l
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
College of American Pathologists F	Political Action Com	mittee	
/ Full Name (Last, First, Middle Initial)		ı	
A. VERN BUCHANAN FOR CONGRE	SS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 48928			10 01 2015
City	State Zip Code		
SARASOTA	State Zip Code FL 34230		Transaction ID: SB23.53207
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Durage of Dishurage art			
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CURTOTAL of Diskurson at The Diskurson			-500.00
SUBTOTAL of Disbursements This Page (optional)		·····	300.00
TOTAL This Period (last page this line number only)			-3000.00