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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	norizea 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 A	Action Committee	
<u> </u>			
ADDRESS (number and street)	1001 G Street NW		
▼ Chaple if different	Suite 425 West		
Check if different than previously reported. (ACC)	Washington		DC 20001 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00274944		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6	(Non-Election Year Only)
(a) Quarterly Reports:	x Apr	20 (M4) Jul 20 (M7)	Oct 20 (M10) Vear Only) Jan 31 (YE)
April 15 Quarterly Report (0			General (12G) Runoff (12R)
July 15 Quarterly Report (0	PRF-Election	Primary (12P) Convention (12C)	Special (12S)
October 15 Quarterly Report (0	23)		
January 31 Year-End Report (Y	YE) Electio	on on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	on on	in the State of
5. Covering Period 00		through 03	31 2017
I certify that I have examined th	nis Report and to the best of Misialek, Michael, , John, D	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer Misia	alek, Michael, , John, Dr.	[Electronically Filed]	Date 04 19 / 2017
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 03 01 2017 To: 03 31 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		444893.14
	(b) Cash on Hand at Beginning of Reporting Period	504964.64	
	(c) Total Receipts (from Line 19)	29662.00	119865.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	534626.64	564758.14
7.	Total Disbursements (from Line 31)	47559.00	77690.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	487067.64	487067.64
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

03 01 2017 03 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 25910.00 107710.00 (i) Itemized (use Schedule A)..... 3752.00 12155.00 (ii) Unitemized (iii) TOTAL (add 119865.00 29662.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (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 119865.00 29662.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 119865.00 29662.00 20. Total Federal Receipts 29662.00 119865.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	59.00	190.50
(add 21(a)(i), (a)(ii), and (b))▶	59.00	190.50
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	47500.00	77500.00
Independent Expenditures	47500.00	7700.00
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	200	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(20 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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))	47559.00	77690.50
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	47559.00	77690.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 29662.00 119865.00 0.00 0.00 119865.00 29662.00 59.00 190.50 0.00 0.00 59.00 190.50

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

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Atkinson, Paul, F, Dr., MD Date of Receipt Mailing Address 3300 Buckeye Rd Ste 178 2017 City Zip Code State Transaction ID: SA11AI.55185 GA Atlanta 30341 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology & Laboratory Medicine, P.C. Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bandarchi-Chamkhaleh, Bizhan, , Dr., MD Date of Receipt Mailing Address 11709 Seminole CIR 2017 City State Zip Code Transaction ID: SA11AI.55141 CA Porter Ranch 91326-1423 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Specialty Laboratory Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Benjamin, Brent, D, Dr., MD Date of Receipt Mailing Address 29435 10th Ave SW 28 2017 City State Zip Code Transaction ID: SA11AI.55210 WA Federal Way 98023-8294 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Incyte Pathology-Bellevue Branch Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional).....

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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 soliciting contributions

or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) College of American Patholo	gists Political Action Committee	
Full Name of Individual (Last, First, Middl Billman Jr, James, K, Dr., MD	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1520 7th St FI 6		03 22 2017
City	State Zip Code	Transaction ID : SA11AI.55162
Moline	IL 61265-2917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Quad Cities Pathologists LLC	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middl Bohlmeyer, Teresa, Joy, Dr., MD		Date of Receipt
Mailing Address 156 Vilulah Church Rd		03 22 2017
City	State Zip Code	Transaction ID : SA11AI.55195
Coleman	GA 39836-4412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Physicians Lab of NW Iowa	Occupation (for Individual) Pathologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address Dept of Path 1900 S Main St		03 16 2017
City	State Zip Code	Transaction ID : SA11AI.55126
Findlay	OH 45840-1214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Blanchard Valley Hospital	Occupation (for Individual) Pathologist	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional	NI)	1250.00
TOTAL This Period (last page this line num	nber only)	

Primary

General

SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 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 of Individual (Last, First, Middle Initial) or Full Organization Name Caruso, James, L., Dr., MD Date of Receipt Mailing Address 6763 Tremolite Dr 2017 City State Zip Code Transaction ID: SA11AI.55164 CO Castle Rock 80108 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Examiners Office Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caughron, Samuel, K, Dr., MD Date of Receipt Mailing Address 2750 Clay Edwards Dr Ste 420 2017 City State Zip Code Transaction ID: SA11AI.55192 North Kansas City MO 64116-3258 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Shawnee Mission Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼

Other (specify) •	4	300.00	
Full Name of Individual (Last, First, Middle In Craig, James, P, Dr, MD Mailing Address Lab Path 900 E Oak Hill Ave	, ,		Date of Receipt 03 02 2017
City Knoxville	State TN	Zip Code 37917-4505	Transaction ID : SA11AI.55107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)		ation (for Individual)	500.00 Memo Item
Innovative Pathology Services Receipt For: Primary General Other (specify)	Pathol Aggregate You	ogist ear-to-Date ▼ 500.00	
IIDTOTAL of Descripto This Descriptoral			1250.00

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Dash, Rajesh, Chandra, Dr., MD Date of Receipt Mailing Address Dept of Path Box 3712 2017 City Zip Code State Transaction ID: SA11AI.55186 NC Durham 27710 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Duke Univ Hosp & Health System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Denapoli, Thomas, S, Dr., MD Date of Receipt Mailing Address Department of Pathology 2017 333 N Santa Rosa St City State Zip Code Transaction ID: SA11AI.55196 TX San Antonio 78207-3108 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Children's Hospital of San Antonio Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Eriksen, Brenda, Lee, Dr., MD Date of Receipt Mailing Address Dept of Path 22 2017 901 MacArthur Blvd City State Zip Code Transaction ID: SA11AI.55142 IN Munster 46321-2901 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Community Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Farris, K. Barton, , Dr., MD Date of Receipt Mailing Address 104 English Turn Dr 16 2017 City Zip Code State Transaction ID: SA11AI.55129 LA **New Orleans** 70131-3318 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) West Jefferson Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Florendo, Noel, T, Dr., MD, PhD Date of Receipt Mailing Address 7945 Wolf River Blvd 2017 City State Zip Code Transaction ID: SA11AI.55182 TN Germantown 38138-1772 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Methodist Healthcare University Hospit Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Foucar, Kathryn, , Dr., MD Date of Receipt Mailing Address Hematopathology 22 2017 1001 Woodward PI NE City Zip Code State Transaction ID: SA11AI.55169 NM Albuquerque 87102-2705 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Tricore Reference Laboratories Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 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** 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 of Individual (Last, First, Middle Initial) or Full Organization Name Futoran, Robert, M, Dr., MD Date of Receipt Mailing Address 305 Park Creek Dr 2017 City Zip Code State Transaction ID: SA11AI.55191 CA Clovis 93611 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grabbe, John, Peter, Dr., MD Date of Receipt Mailing Address Dept of Path 2017 1493 Cambridge St City State Zip Code Transaction ID: SA11AI.55167 MA Cambridge 02139-1047 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cambridge Health Alliance Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Green, Emily, Ann, Dr., MD Date of Receipt Mailing Address 3936 19th St 15 2017 City State Zip Code Transaction ID: SA11AI.55122 CA San Francisco 94114-2522 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) David Grant Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

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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 of Individual (Last, First, Middle Initial) or Full Organization Name Hebert, Michelle, M, Dr., MD Date of Receipt Mailing Address 914 Elkins Lake 1912 Rollingwood Dr 2017 City Zip Code State Transaction ID: SA11AI.55110 TX Huntsville 77340-8803 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Herbek, Gene, N, Dr., MD Date of Receipt Mailing Address The Path Center 2017 8303 Dodge St City State Zip Code Transaction ID: SA11AI.55154 NE Omaha 68114-4108 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Methodist Hospital Pathology Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Herreid, Peter, Anthony, Dr., MD Date of Receipt Mailing Address 4754 146th PLSE 80 2017 City Zip Code State Transaction ID: SA11AI.55121 WA Bellevue 98006-3116 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Incyte Pathology-Bellevue Branch Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 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 of Individual (Last, First, Middle Initial) or Full Organization Name Karcher, Donald, Steven, Dr., MD Date of Receipt Mailing Address Dept of Path 2120 L St NW Ste 200 2017 City Zip Code State Transaction ID: SA11AI.55119 DC Washington 20037-1547 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) George Washington Univ Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lagoo, Anand, Shreeram, Dr., MD, PhD Date of Receipt Mailing Address PO Box 3712 2017 City State Zip Code Transaction ID: SA11AI.55138 NC Durham 27710-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Duke University Health System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Leonard, Debra, G.B., Dr., MD, PhD Date of Receipt Mailing Address Dept of Path and Lab Med 22 2017 111 Colchester Ave Rm M1-113A City Zip Code State Transaction ID: SA11AI.55147 Burlington VT 05405 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Fletcher Allen Health Care Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 3000.00 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 of Individual (Last, First, Middle Initial) or Full Organization Name Levin, Alan, , Dr., MD Date of Receipt Mailing Address 1701 SE Hillmoor Dr Ste C-11 2017 City Zip Code State Transaction ID: SA11AI.55136 Port Saint Lucie FL 34952-7541 Amount of Each Receipt this Period FEC ID number of contributing 360.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Lucie Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Luk Jr, Lincoln, , Dr., MD Date of Receipt Mailing Address 1086 Snyder Ln 2017 City State Zip Code Transaction ID: SA11AI.55213 CA Monterey Park 91754-4760 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Centinela Hosp Med Health Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Marboe, Charles, C., Dr., MD Date of Receipt Mailing Address 55 Beach Ave 2017 City Zip Code State Transaction ID: SA11AI.55206 NY Larchmont 10538-4029 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) New York Presbyterian Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 910.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name McEachin, Michael, Daniel, Dr., MD, MBA Date of Receipt Mailing Address Ste #1105 285 Centennial Olympic Park Dr 2017 City Zip Code State Transaction ID: SA11AI.55179 GA Atlanta 30313 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Piedmont Newnan Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mego, Thomas, S, Dr., MD Date of Receipt Mailing Address Pathology 2017 3200 Providence Dr City State Zip Code Transaction ID: SA11AI.55197 AK Anchorage 99508-4615 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Providence Alaska Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Minkowitz, Gerald, , Dr., MD Date of Receipt Mailing Address 904 49th St 22 2017 City Zip Code State Transaction ID: SA11AI.55155 NY Brooklyn 11219-2922 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cellnetix Pathology and Laboratories Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Mooney, Julia, E., Dr., MD Date of Receipt Mailing Address 2036 Railroad Ave 2017 City Zip Code State Transaction ID: SA11AI.55168 CA Redding 96001-1801 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Shasta Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Moriarty, Ann, , T, Dr. Date of Receipt Mailing Address 3643 Delaware Commons S Dr 2017 City State Zip Code Transaction ID: SA11AI.55139 IN Indianapolis 46220-3743 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AmeriPath Indiana Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nakhleh, Raouf, , E., Dr. Date of Receipt Mailing Address Department of Pathology 22 2017 4201 Belfort Rd City State Zip Code Transaction ID: SA11AI.55187 FL Jacksonville 32216 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St. Luke's Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Pamatmat, Nestor, A., Dr., MD Date of Receipt Mailing Address 3333 N Seminary St 2017 City Zip Code State Transaction ID: SA11AI.55180 IL Galesburg 61401-1251 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OSF St. Mary Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Penka, Wayne, E, Dr., MD Date of Receipt Mailing Address 1305 N 129th Cir 2017 City State Zip Code Transaction ID: SA11AI.55109 NE Omaha 68154-3612 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CHI Health Bergan Mercy Laboratory Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Picklesimer Jr, Fred, Leon, Dr., MD Date of Receipt Mailing Address Dept of Path 22 2017 290 Big Run Rd City State Zip Code Transaction ID: SA11AI.55153 KY Lexington 40503-2903 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) P & C Labs, LLC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Plotz, Richard, D, Dr, MD Date of Receipt Mailing Address 104 11th St 16 2017 City Zip Code State Transaction ID: SA11AI.55130 RΙ Providence 02906-2912 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Harvard Vanguard Med Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Power, William, D, Dr., MD Date of Receipt Mailing Address 3132 Rowena Dr 2017 City State Zip Code Transaction ID: SA11AI.55199 CA Los Alamitos 90720-5230 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brotman Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Romberger, CHARLES, F, DR, Date of Receipt Mailing Address Dept of Path 22 2017 555 N. Duke St City State Zip Code Transaction ID: SA11AI.55146 PΑ Lancaster 17604-3555 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lancaster General Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12 13 14 15 16

for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Santos, Eric, Eugene, Dr., MD Date of Receipt Mailing Address 13 Spring Creek Dr 2017 City Zip Code State Transaction ID: SA11AI.55149 IL Spring Valley 61362-1503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Margarets Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Shahab, Imran, , Dr., MD Date of Receipt Mailing Address 5956 Davenhill Dr 2017 City State Zip Code Transaction ID: SA11AI.55158 TX Plano 75093-4346 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Michael A Deck MD PA Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Slonaker III, Charles, Edward, Dr., MD Date of Receipt Mailing Address 24410 Oaklawn Plantation Rd 22 2017 City Zip Code State Transaction ID: SA11AI.55145 MS Pass Christian 39571-8969 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mem Hosp at Gulfport Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Steele, Julie, B, Dr, MD Date of Receipt Mailing Address Mail Drop 211C 10666 N Torrey Pines Rd Fl 2 2017 City Zip Code State Transaction ID: SA11AI.55212 CA La Jolla 92037-1027 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Scripps Clinic Medical Laboratory Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tellschow, Steven, Robert, Dr., MD Date of Receipt Mailing Address Dept of Path 2017 801 Ostrum St City State Zip Code Transaction ID: SA11AI.55194 PA Bethlehem 18015-1000 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Lukes Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Vance, Gail, Habegger, Dr., MD Date of Receipt Mailing Address 5830 Washington Blvd 04 2017 City State Zip Code Transaction ID: SA11AI.55112 IN Indianapolis 46220-2543 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Indiana University Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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 of Individual (Last, First, Middle Initial) or Full Organization Name Wedemeyer, Gerald, Thomas, Dr., MD Date of Receipt Mailing Address Lab 327 Medical Park Dr 16 2017 City Zip Code State Transaction ID: SA11AI.55125 WV Bridgeport 26330-9006 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) United Hospital Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Weiss, Ronald, L., Dr., MD, MBA Date of Receipt Mailing Address Dept of Path 2017 500 Chipeta Way City State Zip Code Transaction ID: SA11AI.55215 UT Salt Lake City 84108-1221 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ARUP Laboratories Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wells Sr, Robert, Brian, Dr., MD Date of Receipt Mailing Address 1960 Raveneaux LN 16 2017 City State Zip Code Transaction ID: SA11AI.55133 TX Tyler 75703-5800 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates of Tyler Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 2050.00 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

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Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any pe lress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	a Dalitiaal	Action Committee	
	College of American Pathologist	s Political	Action Committee	
Α.	Full Name of Individual (Last, First, Middle Initi Welsh, Jeff, A., Dr., MD	al) or Full Org	anization Name	Date of Receipt
	Mailing Address Lexington Medical Center			M M / D D / Y Y Y Y Y
	Dept of Path City	State	Zip Code	03 01 2017 Transaction ID : SA11Al.55104
	West Columbia	SC	29169-4810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) unaffiliated	Occup: Pathol	ation (for Individual) ogist	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name of Individual (Last, First, Middle Initi Wessels, Robert, A., Dr., MD	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 710 Fm 1960 Rd W			03 22 2017
	City	State	Zip Code	Transaction ID : SA11Al.55189
	Houston	TX	77090-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) Houston Northwest Med Ctr	Occup Patho	ation (for Individual) logist	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
			4 1141	
C.	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	Data of Receipt
C.	Mailing Address			Date of Receipt
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Other (specify) General			
		7	4 4	
8	SUBTOTAL of Receipts This Page (optional)		_	750.00
	TOTAL This Period (last page this line number o	anlu)		25910.00
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 28a	
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NAME OF COMMITTEE (In Full) College of American Pathologists P	Political Action Com	mittee	
Full Name (Last, First, Middle Initial) AL FRANKEN FOR SENATE 2014 Mailing Address PO BOX 583144			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code MN 55458		FEC Identification Number C C00480384
	nent For: 2020	Category/ Type	Transaction ID: SB23.55070 Amount of Each Disbursement this Period
State: MN District: 00	Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. ANGUS KING FOR US SENATE C Mailing Address 114 MAINE STREET SUITE 1A PO BOX 368	CAMPAIGN		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code ME 04011		FEC Identification Number C C00516047 Transaction ID : SB23,55072
x Senate x	nent For: 2020 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) C. BILIRAKIS FOR CONGRESS Mailing Address P.O. BOX 606			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TARPON SPRINGS Purpose of Disbursement Candidate Name	State Zip Code FL 24688	Category/ Type	FEC Identification Number C C00408534 Transaction ID: SB23.55074 Amount of Each Disbursement this Period
Senate X	nent For: 2018 Primary General Other (specify)		1000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	3000.00
TOTAL This Period (last page this line number only).		·····•	

TEMIZED DISBURSEMENTS Any information copied from such Benorts and State	Use separate schedule(s for each category of the) (check only	(000)	
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or for commercial purposes, other than using the nar			on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political Action Com	mittee		
Full Name (Last, First, Middle Initial) A. BILL CASSIDY FOR US SENATE			Date of Disbursement	
Mailing Address PO BOX 80505			03 27 2017	
City BATON ROUGE	State Zip Code LA 70898		FEC Identification Number	
Purpose of Disbursement	1,0000		C C00543983	
Candidate Name		Category/	Transaction ID: SB23.55075 Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2020	Type	1000.00	
X Senate President State: LA District: 00	Primary General Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE Mailing Address 972 W WHITMIRE DRIVE			Date of Disbursement O3 27 2017	
City		CCO Identification Number		
MELBOURNE Purpose of Disbursement	FL 32935		FEC Identification Number	
·			C C00344051 Transaction ID : SB23.55077	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2018 Primary General		1000.00	
State: FL District: 00	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. Box 8277	Mailing Address P.O. Box 8277			
City The Woodlands	State Zip Code TX 77387		FEC Identification Number	
Purpose of Disbursement		C C00311043		
Candidate Name	Category/ Type	Transaction ID: SB23.55053 Amount of Each Disbursement this Period		
	ment For: 2018 Primary General	, , , , , , , , , , , , , , , , , , ,	2500.00	
Senate X				
President	Other (specify)		Memo Item	
President			4500.00	

TEMIZED DISBURSEMENTS			NUMBER: PAGE 25 OF 3
	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State 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) CARLOS CURBELO CONGRESS	3		Date of Disbursement
Mailing Address 8724 SW 72ND ST			03 16 7 2017
City	State Zip Code		FEC Identification Number
MIAMI Purpose of Disbursement	FL 33173		0
Candidate Name			C C00546846 Transaction ID : SB23.55054
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Disburse Senate X	ement For: 2018 Primary General		1000.00
State: FL District: 26	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
3. CARPER FOR SENATE			Date of Disbursement
Mailing Address 19 EAST COMMONS BLVD 2ND FLOOR	03 16 2017		
City NEW CASTLE	State Zip Code DE 19720		FEC Identification Number
Purpose of Disbursement		· · · ·	C C00349217
Candidate Name		Category/ Type	Transaction ID: SB23.55056 Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For: 2018 Primary General	.,,,,	2500.00
President State: DE District: 00	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRES	<u> </u>		Date of Disbursement
Mailing Address PO Box 442			03 27 2017
			03 21 2011
City Allentown	State Zip Code PA 18105		FEC Identification Number
Purpose of Disbursement	10100		C C00386847
Candidate Name	Category/ Type	Transaction ID : SB23.55078 Amount of Each Disbursement this Period	
	Office Sought: House Disbursement For: 2018 Senate Primary General		
Canata	Primary General		
Canata	Primary ☐ General Other (specify) ▼		Memo Item
Senate President	Other (specify) ▼		Memo Item 4500.00

SCHEDULE B (FEC Form 3X)	Use separate schedu	10/0\	FOR LINE NUMBER: PAGE 26 OF 34 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary P	the Concor on	y one) 22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) College of American Pathologists F		•			
Full Name (Last, First, Middle Initial) A. COLLINS FOR SENATOR			Date of Disbursement		
Mailing Address PO BOX 1096			03 27 2017		
City BANGOR Purpose of Disbursement	State Zip Code ME 04402		FEC Identification Number		
Candidate Name		Category/	C C00314575 Transaction ID : SB23.55080 Amount of Each Disbursement this Period		
x Senate	ment For: 2020 Primary ☐ Gene Other (specify) ▼	Type	1000.00 Memo Item		
Full Name (Last, First, Middle Initial) B. COMMITTEE TO RE-ELECT LIND Mailing Address 410 1ST ST SE SUITE 310)A SANCHEZ		Date of Disbursement O3 27 2017		
WASHINGTON	State Zip Code 20003		FEC Identification Number		
Purpose of Disbursement Candidate Name	Purpose of Disbursement Candidate Name C				
Senate	nent For: 2018 Primary Gene Other (specify)	Type eral	1500.00 Memo Item		
Full Name (Last, First, Middle Initial) C. Friends of John Thune			Date of Disbursement		
Mailing Address 224 North Phillips Avenue	03 27 2017				
City State Zip Code Sioux Falls SD 57104 Purpose of Disbursement			FEC Identification Number C C00409581 Transaction ID : SB23.55082		
Candidate Name	Amount of Each Disbursement this Period				
	ment For: 2022 Primary Gene Other (specify) ▼	Type	2000.00 Memo Item		
SUBTOTAL of Disbursements This Page (optional)			4500.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 OF 34 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Check only one)			
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
College of American Pathologists F	Political Action Comm	ittee			
Full Name (Last, First, Middle Initial) A. FRIENDS OF SHERROD BROWN		Date of Disbursement			
Mailing Address P.O. BOX 15293		03 27 2017			
City Swashington	State Zip Code DC 20003	FEC Identification Number			
Purpose of Disbursement	Γ	C C00264697			
Candidate Name		Category/ Type Transaction ID: SB23.55083 Amount of Each Disbursement this Period			
	nent For: 2018 Primary General	1000.00			
State: OH District:	Other (specify) ▼	Memo Item			
Full Name (Last, First, Middle Initial)					
B. GREGG HARPER FOR CONGRE	SS 	Date of Disbursement			
Mailing Address POST OFFICE BOX 54344	03 27 2017				
City PEARL	State Zip Code MS 39288	FEC Identification Number			
Purpose of Disbursement	39200	C C00441295			
		Transaction ID : SB23.55084			
Candidate Name	Candidate Name Category Type				
	nent For: 2018	1000.00			
Senate x	Other (specify) General				
State: MS District: 03					
Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS		Date of Disbursement			
Mailing Address P.O. BOX 9639	03 27 7 2017				
City BOWLING GREEN	State Zip Code KY 42102	FEC Identification Number			
Purpose of Disbursement					
Candidate Name	Category/ Type Co00445023 Transaction ID : SB23.55086 Amount of Each Disbursement this Period				
	Office Sought: House Disbursement For: 2018				
President State: KY District: 02	Other (specify) ▼	Memo Item			
SUBTOTAL of Disbursements This Page (optional)		3000.00			
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 OF 34		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) College of American Pathologists F	,		22.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
Full Name (Last, First, Middle Initial) A. HATCH ELECTION COMMITTEE I	INC		Date of Disbursement	
Mailing Address 175 SOUTH WEST TEMPLE SUITE Suite 650	E 650		03 16 2017	
,	State Zip Code UT 84101		FEC Identification Number	
Candidate Name	[Category/	C C00104752 Transaction ID : SB23.55057 Amount of Each Disbursement this Period	
x Senate x	nent For: 2018 Primary General Other (specify)	Туре	1000.00 Memo Item	
Full Name (Last, First, Middle Initial) B. HEALTHCARE FREEDOM FUND Mailing Address PO BOX 2485			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
SPRINGFIELD	State Zip Code VA 22152		FEC Identification Number	
Purpose of Disbursement Candidate Name	[Category/ Type	C C00528414 Transaction ID: SB23.55087 Amount of Each Disbursement this Period	
Senate	nent For: 2017 Primary General Other (specify) OTHER		1000.00 Memo Item	
Full Name (Last, First, Middle Initial) JIM RENACCI FOR CONGRESS			Date of Disbursement	
Mailing Address 150 SMOKERISE DRIVE		03 27 2017		
,	State Zip Code OH 44281		FEC Identification Number C C00466359 Transaction ID: SB23.55089	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Senate x	nent For: 2018 Primary General Other (specify) ▼		1000.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)			3000.00	
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 OF 34		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) College of American Pathologists F	, , , , , , , , , , , , , , , , , , , ,		SONOR SOMETIMES.	
Full Name (Last, First, Middle Initial) A. KENNY MARCHANT FOR CONGF	RESS		Date of Disbursement	
Mailing Address PO BOX 110187			03 27 2017	
,	State Zip Code TX 75011		FEC Identification Number C C00393348	
Candidate Name		Category/ Type	Transaction ID: SB23.55090 Amount of Each Disbursement this Period	
Senate x	nent For: 2018 Primary General Other (specify) ▼	.,,,,,	1000.00 Memo Item	
Full Name (Last, First, Middle Initial) B. KIND FOR CONGRESS COMMITT Mailing Address 205 5TH AVENUE, SOUTH	TEE		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
,	State Zip Code WI 54601		FEC Identification Number	
Candidate Name	Category/ Type	C C00312017 Transaction ID : SB23.55059 Amount of Each Disbursement this Period		
Senate x	nent For: 2018 Primary General Other (specify)		5000.00 Memo Item	
Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 2365	03 16 2017			
City OTTAWA Purpose of Disbursement	tate Zip Code IL 61350		FEC Identification Number C C00458877	
Candidate Name	Transaction ID: SB23.55061 Amount of Each Disbursement this Period			
Senate	nent For: 2018 Primary General Other (specify)	Туре	1000.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			7000.00	

SCHEDULE B (FEC Form 3X)	Lien congreto cohodulo(c)	FOR LINE NUMBER:	PAGE 30 OF 34
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 x 28a 28b	23 26 27 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
College of American Pathologists P	Political Action Comm	tee	
Full Name (Last, First, Middle Initial) A. KURT SCHRADER FOR CONGRE	ESS	Date of Dis	
Mailing Address P.O. BOX 636		03	16 2017
,	State Zip Code VA 22003	FEC Identif	fication Number
Purpose of Disbursement	ı		0446906
Candidate Name	-		Each Disbursement this Period
	nent For: 2018 Primary General	1,ypc	1000.00
State: VA District: 05	Other (specify) ▼	Memo	Item
Full Name (Last, First, Middle Initial) 3. LISA MURKOWSKI - U S SENATE	:	M = M /	sbursement
Mailing Address PO BOX 100847	03	16 2017	
,	State Zip Code AK 99510	FEC Identif	fication Number
Purpose of Disbursement	AK 99510	C coo	384529
Candidate Name			ction ID: SB23.55064 Each Disbursement this Period
	nent For: 2022 Primary General		1000.00
State: AK District: 00	Other (specify)	Memo	Item
Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CON	IGRESS INC.	Date of Dis	sbursement
Mailing Address PO Box 3750	03	27 / Y Y Y Y Y Y 2017	
,	State Zip Code TN 37024	FEC Identif	fication Number
Purpose of Disbursement	0.021		0376939 action ID : SB23.55091
Candidate Name		Each Disbursement this Period	
Senate x	nent For: 2018 Primary General Other (specify)	Memo	1000.00
State: TN District: 07		iviemo	III III
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			3000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 OF 34 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) College of American Pathologists P				
Full Name (Last, First, Middle Initial) A. MCCONNELL FOR MAJORITY LE	ADER COMMITTE	E	Date of Disbursement	
Mailing Address 228 S WASHINGTON ST STE 115			03 27 2017	
ALEXANDRIA	State Zip Code VA 22314		FEC Identification Number	
Purpose of Disbursement Candidate Name		Category/	C C00548651 Transaction ID : SB23.55092 Amount of Each Disbursement this Period	
x Senate I	nent For: 2017 Primary General	Type	2500.00	
State: KY District: 00	Other (specify) ▼ OTHER		Memo Item	
Full Name (Last, First, Middle Initial) B. MORAN VICTORY COMMITTEE Mailing Address PO BOX 541			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
,	State Zip Code KS 66935		FEC Identification Number	
Purpose of Disbursement Candidate Name	Candidate Name Category/			
Senate	nent For: 2017 Primary General Other (specify)	Type	2500.00	
State: District: Full Name (Last, First, Middle Initial)	OTHER		Memo Item	
MULLIN FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 3681			03 27 2017	
MUSKOGEE Purpose of Disbursement	tate Zip Code OK 74402		FEC Identification Number C C00498345 Transaction ID : SB23.55094	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period		
Senate President	nent For: 2018 Primary General Other (specify)		1000.00 Memo Item	
513			6000 00	
SUBTOTAL of Disbursements This Page (optional)			6000.00	
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 OF 3- (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 26 27 28a 28b 28c 29 30b		
		d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
College of American Pathologists I	Political Action Comm	nittee		
Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS		Date of Disbursement		
A. PALLONE FOR CONGRESS		M M / D D / Y Y Y Y		
Mailing Address PO BOX 3176		03 27 2017		
,	State Zip Code NJ 07740	FEC Identification Number		
LONG BRANCH Purpose of Disbursement	NJ 07740	0.00000000		
raipode of Biobardemone		C C00226928		
Candidate Name		Category/ Amount of Each Disbursement this Perio		
		Туре		
	ment For: 2018 Primary General	1000.00		
Senate X President	Other (specify)	Memo Item		
State: NJ District: 06		Wellio Relli		
Full Name (Last, First, Middle Initial)				
B. STABENOW FOR US SENATE		Date of Disbursement		
Mailing Address 426 C STREET, NE	03 27 2017			
,	State Zip Code	FEC Identification Number		
WASHINGTON Purpose of Disbursement	DC 20002	C C00244472		
		C C00344473		
Candidate Name		Category/ Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For: 2018	Type 1000.00		
x Senate	Primary General	1000.00		
President	Other (specify)	Memo Item		
State: MI District: 00		Wellio Itelli		
Full Name (Last, First, Middle Initial)		Date of Disbursement		
c. STIVERS FOR CONGRESS		Date of Disbursement		
Mailing Address 4679 WINTERSET DRIVE	03 27 2017			
-	State Zip Code	FEC Identification Number		
COLUMBUS Purpose of Disbursement	OH 43220			
Fulpose of Dispulsement	C C00441352			
Candidate Name	Category/ Type Transaction ID : SB23.55098 Amount of Each Disbursement this Perior			
Office Sought: House Disbursel	ment For: 2018	1500.00		
Senate x	Primary General Other (specify)			
President Pietriet: 45	Memo Item			
State. OH DISTRICT: 15	State: OH District: 15			
SUBTOTAL of Disbursements This Page (optional)		3500.00		
3 (1905.07)				
TOTAL This Period (last page this line number only))			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 OF 34				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 26 27 28a 28b 28c 29 30b				
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
College of American Pathologists F	Political Action Comm	ittee				
Full Name (Last, First, Middle Initial) A. TERRI SEWELL FOR CONGRESS	Date of Disbursement					
Mailing Address P.O. BOX 1964	03 27 2017					
City	State Zip Code					
BIRMINGHAM	AL 35201	FEC Identification Number				
Purpose of Disbursement	C C00458976					
Candidate Name	Category/ Amount of Each Disbursement this Period					
Office Sought: House Disbursen	Type 1000.00					
President	Primary ☐ General Other (specify) ▼	Memo Item				
State: AL District: 07						
Full Name (Last, First, Middle Initial) B. TIBERI FOR CONGRESS	Date of Disbursement					
Mailing Address 2931 E DUBLIN GRANVILLE ROA SUITE 190	03 30 2017					
,	State Zip Code OH 43231	FEC Identification Number				
Purpose of Disbursement	C C00347492					
Candidate Name	Transaction ID : SB23.55103 Category/ Type Amount of Each Disbursement this Period					
Office Sought: House Disbursen	1000.00					
	Primary General Other (specify)	Memo Item				
Full Name (Last, First, Middle Initial)						
C. VERN BUCHANAN FOR CONGRE	Date of Disbursement					
Mailing Address P.O. BOX 48928		03 / 29 / 2017				
City SARASOTA	State Zip Code FL 34230	FEC Identification Number				
Purpose of Disbursement	C C00412759					
Candidate Name	l	Category/ Type Transaction ID : SB23.55102 Amount of Each Disbursement this Period				
Office Sought: House Disbursen Senate	1000.00					
President State: FL District: 16	Other (specify) ▼	Memo Item				
SUBTOTAL of Disbursements This Page (optional)		3000.00				
TOTAL This Period (last page this line number only)						

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 OF 34					
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	I ` —	(check only one)				
		ummary Page	25	b 22 3a 28b	23 28c	26 27 29 30b		
	<u> </u>							
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
College of American Pathologists F	Political A	ction Comr	nittee					
Full Name (Last, First, Middle Initial)								
A. WALDEN FOR CONGRESS INC					Date of Disbursement			
Mailing Address PO Box 1091					03 16 2017			
City	State	Zip Code		FEC. I	dentification	Number		
Hood River	OR	97031				Trainion		
Purpose of Disbursement					C0033342	7		
Candidate Name						D : SB23.55065		
Canadate Name			Category/ Type	Amoui	nt of Each L	Disbursement this Period		
Office Sought:				-	2500.00			
Senate Primary General					7 7 4			
	Other (speci	fy) ▼		М	emo Item			
State: OR District: 02								
Full Name (Last, First, Middle Initial) B.				Doto	of Dioburoor	nont		
ь.				Date	of Disburser			
Mailing Address					/ D = 1) / Y Y Y Y Y		
3								
City	State	Zip Code		FEC I	dentification	Number		
Purpose of Disbursement								
Turpose of Disbursement			· · ·	C				
Candidate Name Category/				Δποιιι	Amount of Each Disbursement this Period			
Type					Amount of Each Disbursement this Feriod			
Office Sought: House Disbursen	Office Sought: House Disbursement For:					45 1 45 1		
	Primary General							
President State: District:	Other (specify)			M	Memo Item			
Full Name (Last, First, Middle Initial)				+-				
C.				Date	of Disburser	nent		
				M	M M / D D / Y Y Y Y			
Mailing Address					J L.			
0.4	21-1-	7: 0!						
City	State	Zip Code		FEC I	dentification	Number		
Purpose of Disbursement				C				
Candidate Name			Category/	Amoui	nt of Each [Disbursement this Period		
0"			Type					
Office Sought: House Disbursen		Concret				7		
	Primary Other (speci	General fv)						
State: District:	outor (speci	.2/ ▲		M	emo Item			
SUBTOTAL of Disbursements This Page (optional)					1 20 1	2500.00		
				_		17500.00		
TOTAL This Period (last page this line number only)						47500.00		