

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="444893.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="504964.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29662.00"/>	<input type="text" value="119865.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="534626.64"/>	<input type="text" value="564758.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47559.00"/>	<input type="text" value="77690.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="487067.64"/>	<input type="text" value="487067.64"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

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

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	59.00	190.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	59.00	190.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	77500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47559.00	77690.50
32. 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

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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)	29662.00	119865.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29662.00	119865.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	59.00	190.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59.00	190.50

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Atkinson, Paul, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 Buckeye Rd Ste 178
 City Atlanta State GA Zip Code 30341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology & Laboratory Medicine, P.C. Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55185
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bandarchi-Chamkhaleh, Bizhan, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11709 Seminole CIR
 City Porter Ranch State CA Zip Code 91326-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Specialty Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55141
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Benjamin, Brent, D, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29435 10th Ave SW
 City Federal Way State WA Zip Code 98023-8294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Incyte Pathology-Bellevue Branch Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 28 / 2017
Transaction ID : SA11AI.55210
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Billman Jr, James, K, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1520 7th St Fl 6
 City Moline State IL Zip Code 61265-2917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quad Cities Pathologists LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55162
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bohlmeier, Teresa, Joy, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 156 Vilulah Church Rd
 City Coleman State GA Zip Code 39836-4412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Lab of NW Iowa Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55195
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Budke, Heidi, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 1900 S Main St
 City Findlay State OH Zip Code 45840-1214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blanchard Valley Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2017
Transaction ID : SA11AI.55126
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Caruso, James, L., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6763 Tremolite Dr
 City Castle Rock State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Examiners Office Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55164
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Caughron, Samuel, K, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2750 Clay Edwards Dr Ste 420
 City North Kansas City State MO Zip Code 64116-3258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shawnee Mission Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55192
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Craig, James, P, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lab Path
 900 E Oak Hill Ave
 City Knoxville State TN Zip Code 37917-4505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovative Pathology Services Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : SA11AI.55107
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dash, Rajesh, Chandra, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
Box 3712

City Durham State NC Zip Code 27710

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Duke Univ Hosp & Health System Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55186

Amount of Each Receipt this Period 500.00

Memo Item

B. Denapoli, Thomas, S, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology
333 N Santa Rosa St

City San Antonio State TX Zip Code 78207-3108

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital of San Antonio Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55196

Amount of Each Receipt this Period 500.00

Memo Item

C. Eriksen, Brenda, Lee, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
901 MacArthur Blvd

City Munster State IN Zip Code 46321-2901

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Community Hospital Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55142

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Farris, K. Barton, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 English Turn Dr
 City New Orleans State LA Zip Code 70131-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Jefferson Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2017
Transaction ID : SA11AI.55129
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Florendo, Noel, T, Dr., MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7945 Wolf River Blvd
 City Germantown State TN Zip Code 38138-1772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Healthcare University Hospit Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55182
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Foucar, Kathryn, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hematopathology 1001 Woodward Pl NE
 City Albuquerque State NM Zip Code 87102-2705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tricare Reference Laboratories Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55169
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Futoran, Robert, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Park Creek Dr
 City Clovis State CA Zip Code 93611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55191
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Grabbe, John, Peter, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 1493 Cambridge St
 City Cambridge State MA Zip Code 02139-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambridge Health Alliance Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55167
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Green, Emily, Ann, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 19th St
 City San Francisco State CA Zip Code 94114-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David Grant Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 15 / 2017
Transaction ID : SA11AI.55122
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Hebert, Michelle, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 Elkins Lake
 1912 Rollingwood Dr
 City Huntsville State TX Zip Code 77340-8803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : SA11AI.55110
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Herbek, Gene, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address The Path Center
 8303 Dodge St
 City Omaha State NE Zip Code 68114-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital Pathology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55154
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Herreid, Peter, Anthony, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4754 146th Pl SE
 City Bellevue State WA Zip Code 98006-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Incyte Pathology-Bellevue Branch Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2017
Transaction ID : SA11AI.55121
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Karcher, Donald, Steven, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 2120 L St NW Ste 200
 City Washington State DC Zip Code 20037-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Washington Univ Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2017
Transaction ID : SA11AI.55119
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lagoo, Anand, Shreeram, Dr., MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3712
 City Durham State NC Zip Code 27710-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55138
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Leonard, Debra, G.B., Dr., MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path and Lab Med
 111 Colchester Ave Rm M1-113A
 City Burlington State VT Zip Code 05405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fletcher Allen Health Care Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55147
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Levin, Alan, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 SE Hillmoor Dr Ste C-11
 City Port Saint Lucie State FL Zip Code 34952-7541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Lucie Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55136
 Amount of Each Receipt this Period 360.00
 Memo Item

B. Luk Jr, Lincoln, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1086 Snyder Ln
 City Monterey Park State CA Zip Code 91754-4760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centinela Hosp Med Health Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2017
Transaction ID : SA11AI.55213
 Amount of Each Receipt this Period 300.00
 Memo Item

c. Marboe, Charles, C., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Beach Ave
 City Larchmont State NY Zip Code 10538-4029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Presbyterian Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2017
Transaction ID : SA11AI.55206
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	910.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. McEachin, Michael, Daniel, Dr., MD,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Ste #1105
 285 Centennial Olympic Park Dr
 City Atlanta State GA Zip Code 30313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Newnan Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55179
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mego, Thomas, S, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Pathology
 3200 Providence Dr
 City Anchorage State AK Zip Code 99508-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Alaska Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55197
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Minkowitz, Gerald, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 49th St
 City Brooklyn State NY Zip Code 11219-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cellnetix Pathology and Laboratories Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55155
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Mooney, Julia, E., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 Railroad Ave
 City Redding State CA Zip Code 96001-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shasta Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2017
Transaction ID : SA11AI.55168
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Moriarty, Ann, , T, Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3643 Delaware Commons S Dr
 City Indianapolis State IN Zip Code 46220-3743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmeriPath Indiana Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2017
Transaction ID : SA11AI.55139
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Nakhleh, Raouf, , E., Dr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology
 4201 Belfort Rd
 City Jacksonville State FL Zip Code 32216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke's Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2017
Transaction ID : SA11AI.55187
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Pamatmat, Nestor, A., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 N Seminary St
 City Galesburg State IL Zip Code 61401-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSF St. Mary Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55180
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Penka, Wayne, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 N 129th Cir
 City Omaha State NE Zip Code 68154-3612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI Health Bergan Mercy Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2017
Transaction ID : SA11AI.55109
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Picklesimer Jr, Fred, Leon, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 290 Big Run Rd
 City Lexington State KY Zip Code 40503-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) P & C Labs, LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55153
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Plotz, Richard, D, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 11th St
 City Providence State RI Zip Code 02906-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harvard Vanguard Med Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2017
Transaction ID : SA11AI.55130
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Power, William, D, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3132 Rowena Dr
 City Los Alamitos State CA Zip Code 90720-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brotman Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55199
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Romberger, CHARLES, F, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 555 N. Duke St.
 City Lancaster State PA Zip Code 17604-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lancaster General Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55146
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Santos, Eric, Eugene, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Spring Creek Dr
 City Spring Valley State IL Zip Code 61362-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Margarets Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55149
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Shahab, Imran, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5956 Davenhill Dr
 City Plano State TX Zip Code 75093-4346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michael A Deck MD PA Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55158
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Slonaker III, Charles, Edward, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24410 Oaklawn Plantation Rd
 City Pass Christian State MS Zip Code 39571-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mem Hosp at Gulfport Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2017
Transaction ID : SA11AI.55145
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Steele, Julie, B, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Mail Drop 211C
 10666 N Torrey Pines Rd Fl 2
 City La Jolla State CA Zip Code 92037-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scripps Clinic Medical Laboratory Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2017
Transaction ID : SA11AI.55212
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Tellschow, Steven, Robert, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 801 Ostrum St
 City Bethlehem State PA Zip Code 18015-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Lukes Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2017
Transaction ID : SA11AI.55194
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Vance, Gail, Habegger, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5830 Washington Blvd
 City Indianapolis State IN Zip Code 46220-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2017
Transaction ID : SA11AI.55112
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Wedemeyer, Gerald, Thomas, Dr., MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lab
327 Medical Park Dr

City Bridgeport State WV Zip Code 26330-9006

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Hospital Center Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2017

Transaction ID : SA11AI.55125

Amount of Each Receipt this Period 250.00

Memo Item

B. Weiss, Ronald, L., Dr., MD,MBA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
500 Chipeta Way

City Salt Lake City State UT Zip Code 84108-1221

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARUP Laboratories Inc Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 28 / 2017

Transaction ID : SA11AI.55215

Amount of Each Receipt this Period 1500.00

Memo Item

c. Wells Sr, Robert, Brian, Dr., MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1960 Raveneaux LN

City Tyler State TX Zip Code 75703-5800

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pathology Associates of Tyler Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2017

Transaction ID : SA11AI.55133

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Welsh, Jeff, A., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lexington Medical Center
 Dept of Path
 City West Columbia State SC Zip Code 29169-4810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) unaffiliated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2017
Transaction ID : SA11AI.55104
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Wessels, Robert, A., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Fm 1960 Rd W
 City Houston State TX Zip Code 77090-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Northwest Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2017
Transaction ID : SA11AI.55189
 Amount of Each Receipt this Period
 500.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	25910.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City
MINNEAPOLIS

State
MN

Zip Code
55458

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MN District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00480384

Transaction ID : SB23.55070

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANGUS KING FOR US SENATE CAMPAIGN

Mailing Address 114 MAINE STREET SUITE 1A
PO BOX 368

City
BRUNSWICK

State
ME

Zip Code
04011

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00516047

Transaction ID : SB23.55072

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

City
TARPON SPRINGS

State
FL

Zip Code
24688

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00408534

Transaction ID : SB23.55074

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CARLOS CURBELO CONGRESS

Mailing Address 8724 SW 72ND ST

City
MIAMI

State
FL

Zip Code
33173

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	1	7		

FEC Identification Number

C C00546846

Transaction ID : SB23.55054

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD
2ND FLOOR

City
NEW CASTLE

State
DE

Zip Code
19720

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	1	7		

FEC Identification Number

C C00349217

Transaction ID : SB23.55056

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City
Allentown

State
PA

Zip Code
18105

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	7		

FEC Identification Number

C C00386847

Transaction ID : SB23.55078

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
BANGOR

State
ME

Zip Code
04402

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00314575

Transaction ID : SB23.55080

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2018
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00384057

Transaction ID : SB23.55081

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of John Thune

Mailing Address 224 North Phillips Avenue

City
Sioux Falls

State
SD

Zip Code
57104

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00409581

Transaction ID : SB23.55082

Amount of Each Disbursement this Period

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)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SHERROD BROWN

Mailing Address P.O. BOX 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00264697

Transaction ID : SB23.55083

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City
PEARL

State
MS

Zip Code
39288

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00441295

Transaction ID : SB23.55084

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address P.O. BOX 9639

City
BOWLING GREEN

State
KY

Zip Code
42102

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00445023

Transaction ID : SB23.55086

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650
Suite 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: UT District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C C00104752

Transaction ID : SB23.55057

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) OTHER
 State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00528414

Transaction ID : SB23.55087

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OH District: 16

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00466359

Transaction ID : SB23.55089

Amount of Each Disbursement this Period

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)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KENNY MARCHANT FOR CONGRESS

Mailing Address PO BOX 110187

City
CARROLLTON

State
TX

Zip Code
75011

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	7		

FEC Identification Number

C C00393348

Transaction ID : SB23.55090

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE, SOUTH

City
LA CROSSE

State
WI

Zip Code
54601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	6		2	0	1	7		

FEC Identification Number

C C00312017

Transaction ID : SB23.55059

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KINZINGER FOR CONGRESS

Mailing Address P.O. BOX 2365

City
OTTAWA

State
IL

Zip Code
61350

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	6		2	0	1	7		

FEC Identification Number

C C00458877

Transaction ID : SB23.55061

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) OTHER

State: KY District: 00

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C00548651

Transaction ID : SB23.55092

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MORAN VICTORY COMMITTEE

Mailing Address PO BOX 541

City BELLEVILLE State KS Zip Code 66935

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) OTHER

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C00616268

Transaction ID : SB23.55066

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MULLIN FOR CONGRESS

Mailing Address P.O. BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) OTHER

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C00498345

Transaction ID : SB23.55094

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: AL District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00458976

Transaction ID : SB23.55099

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District: 12

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2017

FEC Identification Number

C C00347492

Transaction ID : SB23.55103

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00412759

Transaction ID : SB23.55102

Amount of Each Disbursement this Period

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)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. WALDEN FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number: C00333427
Transaction ID : SB23.55065
Amount of Each Disbursement this Period: 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	47500.00