

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1001 G Street NW  
Suite 425 West  
Washington DC 20001  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00274944 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 12 / 01 / 2017 through [MM] / [DD] / [YYYY] 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Misialek, Michael, , John, Dr.

Type or Print Name of Treasurer

Signature of Treasurer *Misialek, Michael, , John, Dr.* [Electronically Filed] Date 01 / 24 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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"/>	<input type="text" value="444893.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="453358.64"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23385.00"/>	<input type="text" value="234486.00"/>
(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="476743.64"/>	<input type="text" value="679379.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="41072.50"/>	<input type="text" value="243708.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="435671.14"/>	<input type="text" value="435671.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	18255.00	200770.00
(ii) Unitemized .....	5130.00	33716.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23385.00	234486.00
(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) .....	23385.00	234486.00
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)).....▶	23385.00	234486.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23385.00	234486.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	72.50	708.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	72.50	708.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41000.00	243000.00
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)) ..	41072.50	243708.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41072.50	243708.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23385.00	234486.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23385.00	234486.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	72.50	708.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	72.50	708.00

**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 32
<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. Bishop, John, W, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address UC Davis Medical Center  
 Dept of Medical Pathology  
 City Sacramento State CA Zip Code 95817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC Davis 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  
 12 / 06 / 2017  
**Transaction ID : SA11AI.55873**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Carry, James, B, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 5555 Grossmont Center Dr  
 City La Mesa State CA Zip Code 91942-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grossmont Hosp-Sharp Healthcare 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  
 12 / 22 / 2017  
**Transaction ID : SA11AI.55922**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Casas, Victor, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Telegraph Hill Rd  
 City Holmdel State NJ Zip Code 07733-1465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JFK Medical Center 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  
 12 / 06 / 2017  
**Transaction ID : SA11AI.55885**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 32
<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. Clark, Jimmy, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Citrea Dr  
 City Summerville State SC Zip Code 29483-8146  
 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 12 / 22 / 2017  
**Transaction ID : SA11AI.55924**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Detweiler, Rosemary, E., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Department of Pathology 6100 Harris Pkwy  
 City Fort Worth State TX Zip Code 76132-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Health Southwest Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11AI.55933**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Durham, Janet, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N17W30743 Woodland Hill Dr  
 City Delafield State WI Zip Code 53018-2155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aurora Health ACL Labs Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : SA11AI.55849**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 32
<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. Friedberg, Richard, C., Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Primrose Dr  
 City Longmeadow State MA Zip Code 01106-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11AI.55951**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Gillespie, Alexandra, J., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 Beverly Dr  
 City Dallas State TX Zip Code 75205-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PathAdvantage Associated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2017  
**Transaction ID : SA11AI.55893**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gochman, Gary, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Lab 9333 E Imperial Hwy  
 City Downey State CA Zip Code 90242-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Downey Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.55867**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> 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: PAGE 9 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Hayes, Michael, Joseph, Dr., MD**

Mailing Address 1 Science CT Ste 200

City Columbia    State SC    Zip Code 29203-9653

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

Name of Employer (for Individual) Professional Pathology Services    Occupation (for Individual) Pathologist

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 28 / 2017**

**Transaction ID : SA11AI.55948**

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Hewitt, David, S, Dr., MD**

Mailing Address 316 S Dunworth St

City Visalia    State CA    Zip Code 93292-6702

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

Name of Employer (for Individual) Visalia Path Grp    Occupation (for Individual) Pathologist

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 22 / 2017**

**Transaction ID : SA11AI.55918**

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Hurwitz, Herman, S, Dr., MD**

Mailing Address 1004 Annapolis Ln.

City Cherry Hill    State NJ    Zip Code 08003-2800

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 **12 / 22 / 2017**

**Transaction ID : SA11AI.55921**

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 10 OF 32
<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. Jackson, Grace, N, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24035 Vecchio

City San Antonio	State TX	Zip Code 78260-3505
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St Luke's Baptist Hospital	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
12	/	28	/	2017

**Transaction ID : SA11AI.55945**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Jennette, J., Charles, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Campus Box #7525 308 Brink

City Chapel Hill	State NC	Zip Code 27514
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNC Dept of Pathology	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
12	/	06	/	2017

**Transaction ID : SA11AI.55870**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kennedy, Jan, Cecelia, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2852 Lavista Colony Ct

City Decatur	State GA	Zip Code 30033-1114
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DeKalb Medical Center	Occupation (for Individual) Pathologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2017

**Transaction ID : SA11AI.55895**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 32
	<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. Kwass, George, F., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 140 Lincoln Ave  
 City Haverhill State MA Zip Code 01830-6700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merrimack Valley Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.55868**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Latham, Jr, John, Thomas, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 122 Parkins Lake Rd  
 City Greenville State SC Zip Code 29607-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bon Secour St Francis-Eastside Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.55872**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Lee, Darlene, M., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 N Beaver St  
 City Flagstaff State AZ Zip Code 86001-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Flagstaff Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4005.00

Date of Receipt 12 / 01 / 2017  
**Transaction ID : SA11AI.55845**  
 Amount of Each Receipt this Period 1005.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1505.00
<b>TOTAL</b> 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 32
<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. Morrow, Dwight, W., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology  
801 S Washington St

City Naperville State IL Zip Code 60540-7430

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

Name of Employer (for Individual) Edward Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11AI.55919**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Nandedkar, Meenakshi, Arvind, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3302 Enterprise Rd

City Mitchellville State MD Zip Code 20721-2556

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

Name of Employer (for Individual) Diagnostic Pathology Services PC Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11AI.55926**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Neal, Margaret, H, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3813 Bobbin Brook Cir

City Tallahassee State FL Zip Code 32312-1219

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : SA11AI.55899**

Amount of Each Receipt this Period 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 32
<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. O'Sullivan, Erin, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Suite 130 CSN MC 847  
 840 S Wood St  
 City Chicago State IL Zip Code 60612-4325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Illinois at Chicago 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  
 12 / 06 / 2017  
**Transaction ID : SA11AI.55866**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Rader, Anne, Elizabeth, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 19300 SW 65th  
 City Tualatin State OR Zip Code 97062-7706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Legacy Meridian Park Hospital 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  
 12 / 06 / 2017  
**Transaction ID : SA11AI.55858**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Rocha, Ronald, E., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3701 S Higuera St Ste 200  
 City San Luis Obispo State CA Zip Code 93401-7462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Coast Pathology Consultants 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  
 12 / 13 / 2017  
**Transaction ID : SA11AI.55897**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 32
	<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. Satchidanand, Sateesh, K, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2605 Harlem Rd  
 City Cheektowaga State NY Zip Code 14225-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Joseph Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.55881**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Scamurra, David, O, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2950 Elmwood Ave  
 City Kenmore State NY Zip Code 14217-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) X Cell Labs of Western NY Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 05 / 2017  
**Transaction ID : SA11AI.55850**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Smith, Jr, Elton, Travis, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 Carmel Rd  
 City Charlotte State NC Zip Code 28226-7249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas Medical Center Mercy Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.55865**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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: PAGE 15 OF 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Sriganeshan, Vathany, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Blum Bldg Rm 2400  
 4300 Alton Rd  
 City Miami Beach State FL Zip Code 33140-2948  
 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 12 / 07 / 2017  
**Transaction ID : SA11AI.55890**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Valentino, Leonard, A, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105A Cooper Ct  
 City Los Gatos State CA Zip Code 95032-7604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Associated Path Med Group, Inc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.55875**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Wadih, George, Esper, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 2139 Auburn Ave  
 City Cincinnati State OH Zip Code 45219-2906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christ Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : SA11AI.55869**  
 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: PAGE 16 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Waldron, Michael, J, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 River Bend Dr  
 City Dallas State TX Zip Code 75247-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Propath Lab Inc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : SA11AI.55896**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ward, Stephen, Christopher, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Annenberg Bldg/Dept of Path One Gustave L Levy Place  
 City New York State NY Zip Code 10029-6500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mt. Sinai School of Medicine Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : SA11AI.55952**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Welsh, Terry, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3086 Ceylon Rd  
 City Costa Mesa State CA Zip Code 92626-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anaheim Regional Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2017  
**Transaction ID : SA11AI.55934**  
 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 17 OF 32
	<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. West, William, W, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Path and Micro  
 983135 Nebraska Medical Ctr  
 City Omaha State NE Zip Code 68198-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Nebraska 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  
 12 / 06 / 2017  
**Transaction ID : SA11AI.55886**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Wilkenfeld, Jerome, S, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 690685  
 City Houston State TX Zip Code 77269-0685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Cypress Medical Ctr 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  
 12 / 21 / 2017  
**Transaction ID : SA11AI.55914**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Williams, R. Bruce, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 Ambassador Caffery Pkwy  
 City Lafayette State LA Zip Code 70508-6917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Our Lady of Lourdes Regional MC 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  
 12 / 22 / 2017  
**Transaction ID : SA11AI.55932**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Wilson, D. Douglas, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
1924 Alcoa Hwy

City Knoxville State TN Zip Code 37920-1511

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

Name of Employer (for Individual) LabCorp Knoxville 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  
 12 / 07 / 2017

**Transaction ID : SA11AI.55887**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Yong, William, H, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16628 Oak View Ct

City Encino State CA Zip Code 91436-1900

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

Name of Employer (for Individual) UCLA Ctr for Health Sciences 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  
 12 / 05 / 2017

**Transaction ID : SA11AI.55857**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Yorke, Rebecca, F, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2504 Elmen St

City Houston State TX Zip Code 77019-6712

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

Name of Employer (for Individual) Cypress Fairbanks Med Ctr 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  
 12 / 21 / 2017

**Transaction ID : SA11AI.55915**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zade, Jr, Ralph, T., Dr., MD**

Mailing Address Department of Laboratories  
44201 Dequindre Rd

City Troy State MI Zip Code 48085-1117

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

Name of Employer (for Individual) William Beaumont Hosp-Troy Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2017

Transaction ID : SA11AI.55878

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** 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  
MM / DD / YYYY

Amount of Each Receipt this Period

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	18255.00

# 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Sun Trust Bank

Mailing Address P.O. Box 85024

City  
Richmond

State  
VA

Zip Code  
23285

Purpose of Disbursement  
December Account Analysis Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			20			2017					

FEC Identification Number

C [ ]

Transaction ID : SB21B.55954

Amount of Each Disbursement this Period

[ ] 72.50

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 72.50

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

[ ] 72.50

**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. AMERICAN INNOVATION POLITICAL ACTION COMMITTEE (AMI PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2017

Mailing Address PO BOX 582496

FEC Identification Number

**C** C00561779

**Transaction ID : SB23.55955**

Amount of Each Disbursement this Period

1000.00

Memo Item

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) ▼

State: District:

OTHER

Full Name (Last, First, Middle Initial)

**B. ANNA ESHOO FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2017

Mailing Address P.O. BOX 636

FEC Identification Number

**C** C00258475

**Transaction ID : SB23.55957**

Amount of Each Disbursement this Period

1000.00

Memo Item

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: CA District: 18

Full Name (Last, First, Middle Initial)

**C. BEN CARDIN FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2017

Mailing Address 38 Ivy Street, SE

FEC Identification Number

**C** C00411587

**Transaction ID : SB23.55959**

Amount of Each Disbursement this Period

1500.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MH District:

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

3500.00

**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. BILIRAKIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 499 SOUTH CAPITOL ST, SW

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: FL District: 12

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

**C** C00408534

**Transaction ID : SB23.55989**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. BOOTS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 213 ASHBY STREET

City ALEXANDRIA State VA Zip Code 22305

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  
12 / 20 / 2017

FEC Identification Number

**C** C00567545

**Transaction ID : SB23.55990**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. BUDDY CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 824 SOUTH MILLEDGE AVENUE  
SUITE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2017

FEC Identification Number

**C** C00543967

**Transaction ID : SB23.55960**

Amount of Each Disbursement this Period

2500.00

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. CARPER FOR SENATE**

Mailing Address 303 MASSACHUSETTS AVE NE

City WASHINGTON

State DC

Zip Code 20002

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	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

**C** C00349217

**Transaction ID : SB23.55961**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR RUSH**

Mailing Address 499 SOUTH CAPITOL ST, SW  
SUITE 422

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: IL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

**C** C00257121

**Transaction ID : SB23.55962**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEBBIE DINGELL FOR CONGRESS**

Mailing Address P.O. BOX 636

City ANNANDALE

State VA

Zip Code 22003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

**C** C00558213

**Transaction ID : SB23.55963**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

**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. DONNELLY FOR INDIANA**

Mailing Address 1050 17TH ST NW  
STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: IN District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00393652

**Transaction ID : SB23.55964**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DOYLE FOR CONGRESS COMMITTEE**

Mailing Address 228 2ND STREET SE

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: PA District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00290064

**Transaction ID : SB23.55965**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DUCKWORTH VICTORY FUND**

Mailing Address 124 WASHINGTON ST.  
SUITE 101

City FOXBORO State MA Zip Code 20235

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00577189

**Transaction ID : SB23.55966**

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. ENGEL FOR CONGRESS**

Mailing Address 38 IVY STREET, SE

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: NY District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

**C** C00236513

**Transaction ID : SB23.55968**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVID SCHWEIKERT**

Mailing Address 499 SOUTH CAPITOL STREET, SW  
SUITE 420

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: AZ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

**C** C00540617

**Transaction ID : SB23.55969**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA

State VA

Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2017			

FEC Identification Number

**C** C00439661

**Transaction ID : SB23.55970**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

### 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. FRIENDS OF JOHN THUNE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

Mailing Address P.O. BOX 841

FEC Identification Number

C	C00409581
---	-----------

City: Sioux Falls, State: SD, Zip Code: 57101

**Transaction ID : SB23.55971**

Purpose of Disbursement

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

Memo Item

State: SD District:

Full Name (Last, First, Middle Initial)

#### B. GREGG HARPER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

Mailing Address POST OFFICE BOX 54344

FEC Identification Number

C	C00441295
---	-----------

City: PEARL, State: MS, Zip Code: 39288

**Transaction ID : SB23.55972**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Category/  
Type

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

Memo Item

State: MS District: 03

Full Name (Last, First, Middle Initial)

#### C. JUDY CHU FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

Mailing Address 1531 PURDUE AVE

FEC Identification Number

C	C00458125
---	-----------

City: LOS ANGELES, State: CA, Zip Code: 90025

**Transaction ID : SB23.55973**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Category/  
Type

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

Memo Item

State: CA District: 27

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

3500.00
---------

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

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**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. KENNY MARCHANT FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 104 HUME AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TX District: 24

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00393348

**Transaction ID : SB23.55975**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. LANCE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 1006 PENDLESTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00444224

**Transaction ID : SB23.55976**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. LOEBSACK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 228 2ND STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00414318

**Transaction ID : SB23.55977**

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**

**A. LOEBSACK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 228 2ND STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00414318

**Transaction ID : SB23.55978**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. MATSUI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 06

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00409219

**Transaction ID : SB23.55979**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. MCNERNEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 690371

City STOCKTON State CA Zip Code 95269

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 09

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00398644

**Transaction ID : SB23.55981**

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. MICHAEL BURGESS FOR CONGRESS**

Mailing Address C/O RED RIVER COMPANY  
P.O. BOX 15239

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: TX District: 26

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

FEC Identification Number

**C** C00372532

**Transaction ID : SB23.55992**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE BISHOP FOR CONGRESS**

Mailing Address 499 S CAPITAL STREET, SW  
SUITE 420

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: MI District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00561001

**Transaction ID : SB23.55982**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MORAN VICTORY COMMITTEE**

Mailing Address 611 PENNSYLVANIA AVE, SE  
BOX 365

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: KS District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00616268

**Transaction ID : SB23.55983**

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**

**A. PAUL TONKO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 20

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

FEC Identification Number

**C** C00450049

**Transaction ID : SB23.55993**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. RACPAC**

Full Name (Last, First, Middle Initial)

Mailing Address C/O ALI SCHULTZ  
2125 14TH ST, NW

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00580464

**Transaction ID : SB23.55985**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address C/O ALI SCHULTZ, 2125 14TH STREET  
NW. #905

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

FEC Identification Number

**C** C00554899

**Transaction ID : SB23.55987**

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. SHORE PAC**

Mailing Address PO. Box 3157

City Long Branch State NJ Zip Code 07740

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  
12 / 20 / 2017

FEC Identification Number

**C** C00410308

**Transaction ID : SB23.55994**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOM RICE FOR CONGRESS**

Mailing Address C/O WINCO FUNDRAISING  
516 N WASHINGTON ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: SC District: 07

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2017

FEC Identification Number

**C** C00506048

**Transaction ID : SB23.55988**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**

Mailing Address 499 SOUTH CAPITOL STREET, SW  
SUITE 420

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: IL District: 15

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

**C** C00258855

**Transaction ID : SB23.55995**

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. WHITEHOUSE FOR SENATE**

Mailing Address 10 G STREET, NE  
SUITE 470

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: RI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			20			2017					

FEC Identification Number

**C** C00410803

**Transaction ID : SB23.56002**

Amount of Each Disbursement this Period

1000.00
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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

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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Memo Item

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

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

1000.00
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41000.00
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