

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) 1350 I Street, NW Suite 590 Washington DC 20005 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) [X] NEW (N) [] 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), Mar 20 (M3), Apr 20 (M4) [X], May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2015 through 03 / 31 / 2015

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

Type or Print Name of Treasurer John Michael Misialek Dr.

Signature of Treasurer John Michael Misialek Dr. [Electronically Filed] Date 04 / 16 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		405859.24
(b) Cash on Hand at Beginning of Reporting Period.....	489432.94	
(c) Total Receipts (from Line 19)	23675.00	114448.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	513107.94	520307.24
7. Total Disbursements (from Line 31).....	26850.90	34050.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	486257.04	486257.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

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).....	18120.00	96745.00
(ii) Unitemized	5555.00	17703.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23675.00	114448.00
(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)	23675.00	114448.00
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))..... ▶	23675.00	114448.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23675.00	114448.00

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	100.90	300.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100.90	300.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26750.00	33750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	26850.90	34050.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26850.90	34050.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23675.00	114448.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23675.00	114448.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	100.90	300.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100.90	300.20

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

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

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

Full Name (Last, First, Middle Initial)
A. Gordon Bills MD

Mailing Address 9293 Witherbone Court

City State Zip Code
 Cincinnati OH 45242

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

Name of Employer Occupation
 Souther Ohio Pathology Consultants Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : SA11AI.52663

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Dr. Melissa Mulkey Blann MD

Mailing Address 3810 152nd St

City State Zip Code
 Lubbock TX 79423-6310

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

Name of Employer Occupation
 Ameripath Lubbock CMC Campus Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : SA11AI.52676

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Dr. Dann R Burns MD

Mailing Address Dept of Path
 1 Medical Village Dr

City State Zip Code
 Edgewood KY 41017-3403

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

Name of Employer Occupation
 St Elizabeth Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : SA11AI.52659

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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

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

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FOR LINE NUMBER: PAGE 7 OF 23
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 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 (Last, First, Middle Initial)
A. Dr. David K Carter MD

Mailing Address Dept of Path
 407 E 3rd St

City State Zip Code
 Duluth MN 55805-1950

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

Name of Employer Occupation
 St. Mary's/Duluth Clinic Health System 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 / 18 / 2015
Transaction ID : SA11AI.52724

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Timothy L Cole MD

Mailing Address Dept of Path
 421 S 28th Ave Ste 310

City State Zip Code
 Hattiesburg MS 39401

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

Name of Employer Occupation
 Hattiesburg Clinic 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 / 11 / 2015
Transaction ID : SA11AI.52699

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Dr Gary L Cooper MD

Mailing Address 501 20th St Ste G3

City State Zip Code
 Knoxville TN 37916-1890

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

Name of Employer Occupation
 Innovative Pathology Services 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 / 18 / 2015
Transaction ID : SA11AI.52727

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

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FOR LINE NUMBER: PAGE 8 OF 23
(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 (Last, First, Middle Initial)
A. Dr. Peggy Melissa Delahoussaye MD

Mailing Address 4922 Linden St

City State Zip Code
 Bellaire TX 77401-4435

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

Name of Employer Occupation
 MLD Pathology Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : SA11AI.52681

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Richard N. Eisen MD

Mailing Address Dept of Path
 5 Perryridge Rd

City State Zip Code
 Greenwich CT 06830-4608

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

Name of Employer Occupation
 Greenwich Hospital Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : SA11AI.52686

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Renee R Ellerbroek MD

Mailing Address Dept of Path
 1212 Pleasant St Ste LL3

City State Zip Code
 Des Moines IA 50309-1414

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

Name of Employer Occupation
 Pathology Laboratory PC Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 11 / 2015
Transaction ID : SA11AI.52684

Amount of Each Receipt this Period
 1000.00

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: PAGE 9 OF 23
(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 (Last, First, Middle Initial)
A. Dr. James N Elliott MD
 Mailing Address Dept of Path
 8118 Good Luck Rd
 City Lanham State MD Zip Code 20706-3574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Community Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : SA11AI.52729
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Noel T. Florendo MD,PhD
 Mailing Address 1211 Union Ave Ste 875
 City Memphis State TN Zip Code 38104-6655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duckworth Pathology Group Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : SA11AI.52715
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
c. Dr. Mark Albert Grathwohl MD
 Mailing Address 6 Livery Ln
 City North Salem State NY Zip Code 10560-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Westchester Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : SA11AI.52675
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 10 OF 23
(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. Dr. Emily Ann Green MD
 Full Name (Last, First, Middle Initial)
 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 David Grant Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : SA11AI.52737
 Amount of Each Receipt this Period
 500.00

B. Dr. Charles N. Iknayan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address E6385 Gheller Dr
 City Bessemer State MI Zip Code 49911-9754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grandview Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : SA11AI.52656
 Amount of Each Receipt this Period
 300.00

C. Dr. William Emmett Jefferson III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Elm Ave SE
 City Roanoke State VA Zip Code 24013-2222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roanoke Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : SA11AI.52706
 Amount of Each Receipt this Period
 500.00

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 11 OF 23
<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

Full Name (Last, First, Middle Initial) A. Dr. Bradden W Jensen MD		Date of Receipt
Mailing Address Dept of Path PO Box 1600		M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2015
City	State	Zip Code
Vancouver	WA	98668-1600
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52649
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Peacehealth SW Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Mr. Douglas G Knapman MBA		Date of Receipt
Mailing Address 325 Waukegan Rd		M M M / D D D / Y Y Y Y Y Y 03 / 15 / 2015
City	State	Zip Code
Northfield	IL	60093-2750
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52707
C		Amount of Each Receipt this Period
		600.00
Name of Employer	Occupation	
College of American Pathologists	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) C. Dr. Shannon Kratzer MD		Date of Receipt
Mailing Address 3445 Executive Ctr Dr Ste 250		M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2015
City	State	Zip Code
Austin	TX	78731
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52691
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Clinical Pathology Associates	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 23
	<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. Dr. Hongmei Li MD
Full Name (Last, First, Middle Initial)

Mailing Address 1380 Soldiers Field Rd Ste 100

City Brighton	State MA	Zip Code 02135-1023
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dermath New England LLC	Occupation Pathologist
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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	/	19	/	2015

Transaction ID : SA11AI.52735

Amount of Each Receipt this Period
250.00

B. Dr. Ji Lu MD
Full Name (Last, First, Middle Initial)

Mailing Address 2410 Cutting St

City Walnut Creek West	State CA	Zip Code 94596-6506
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente	Occupation 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	/	11	/	2015

Transaction ID : SA11AI.52669

Amount of Each Receipt this Period
500.00

C. Dr. John E Mcdonald MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
4401 Booth Calloway Rd

City North Richland Hills	State TX	Zip Code 76180-7371
------------------------------	-------------	------------------------

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

Name of Employer North Hills Hospital	Occupation 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	/	11	/	2015

Transaction ID : SA11AI.52671

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 13 OF 23
(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. Dr. Philip W McGuire MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Hogan Ave
 City Chesterton State IN Zip Code 46304-9378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alverno Clinical Laboratories Occupation 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 / 11 / 2015
Transaction ID : SA11AI.52683
 Amount of Each Receipt this Period
 1000.00

B. Dr. Aruna D. Parikh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Laboratories PO Box 690685
 City Houston State TX Zip Code 77269-0685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilkenfeld Medical Laboratories Ltd Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : SA11AI.52756
 Amount of Each Receipt this Period
 370.00

c. Dr. David O Scamurra MD
 Full Name (Last, First, Middle Initial)
 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 X Cell Labs of Western NY Occupation 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 / 18 / 2015
Transaction ID : SA11AI.52726
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1870.00
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 14 OF 23
(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. Dr. Imran Shahab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5956 Davenhill Dr
 City State Zip Code
 Plano TX 75093-4346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michael A Deck MD PA Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : SA11AI.52665
 Amount of Each Receipt this Period
 1500.00

B. Dr. Marcia Catherine Shattuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 Connable Ave
 City State Zip Code
 Petoskey MI 49770-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 McLaren Northern Michigan Hospital 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 / 18 / 2015
Transaction ID : SA11AI.52733
 Amount of Each Receipt this Period
 500.00

C. Dr. Ervin B Shaw MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4524 Darby Ambrose Rd
 City State Zip Code
 Lexington SC 29072-9210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lexington Medical Center 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 / 11 / 2015
Transaction ID : SA11AI.52662
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
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 15 OF 23
(check only one)

<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. Dr. Arthur Rogers Summerlin III MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 813

City Dothan	State AL	Zip Code 36302-0813
----------------	-------------	------------------------

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

Name of Employer Pathology Laboratory Assoc	Occupation 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	/	11	/	2015

Transaction ID : SA11AI.52655

Amount of Each Receipt this Period
250.00

B. Dr. L Brent Talbott MD
Full Name (Last, First, Middle Initial)
Mailing Address 3445 Executive Ctr Dr Ste 250

City Austin	State TX	Zip Code 78731
----------------	-------------	-------------------

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

Name of Employer Clinical Pathology Associates	Occupation 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	/	16	/	2015

Transaction ID : SA11AI.52709

Amount of Each Receipt this Period
500.00

C. Dr. Richard W Trepeta MD
Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
350 W Thomas Rd

City Phoenix	State AZ	Zip Code 85013-4409
-----------------	-------------	------------------------

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

Name of Employer St Josephs Hosp and Med Ctr	Occupation 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	/	31	/	2015

Transaction ID : SA11AI.52763

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 23
(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. Dr. Sunita Vempati MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 Fairview Ave Unit E
 City Arcadia State CA Zip Code 91007-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothill Presbyterian Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : SA11AI.52694
 Amount of Each Receipt this Period
 1000.00

B. DR AMANDA E Wehler DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept MC 01-31
 100 N Academy Ave
 City Danville State PA Zip Code 17822-9800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : SA11AI.52736
 Amount of Each Receipt this Period
 500.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	18120.00

**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"/> 24	<input type="checkbox"/> 25	<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
Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SB21B.52627

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : SB21B.52628

Amount of Each Disbursement this Period

59.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

100.90

100.90

**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"/> 24	<input type="checkbox"/> 25	<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. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : SB23.52629

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address P.O. BOX 606

City State Zip Code
TARPON SPRINGS FL 24688

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : SB23.52642

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capital Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

Transaction ID : SB23.52646

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : SB23.52630

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : SB23.52631

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR CHRIS STEWART, INC.

Mailing Address 10 WEST BROADWAY
SUITE 500

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : SB23.52632

Amount of Each Disbursement this Period

500.00

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

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

2500.00

**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"/> 24	<input type="checkbox"/> 25	<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 LOIS CAPP

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : SB23.52643

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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
State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.52633

Amount of Each Disbursement this Period

1000.00

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
State: OH District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.52634

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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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"/> 24	<input type="checkbox"/> 25	<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. KURT SCHRADER FOR CONGRESS

Mailing Address P.O. BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : SB23.52645

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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: 2016
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : SB23.52635

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

Transaction ID : SB23.52647

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

6	2	5	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

6	2	5	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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"/> 24	<input type="checkbox"/> 25	<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. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SB23.52636

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RAND PAUL VICTORY COMMITTEE

Mailing Address PO BOX 72190

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SB23.52638

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address DRUCKER LAWHON 317 15TH STREET NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: LA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SB23.52644

Amount of Each Disbursement this Period

1000.00

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"/> 24	<input type="checkbox"/> 25	<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. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST JOSEPH State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SB23.52641

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SB23.52648

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

5000.00

26750.00
