PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than	An Authorized Co	ommittee	Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example over the	e: If typing, type	12FE4M5	
College of American I	Pathologists Po	litical Action Cor	mmittee		
<u> </u>					
ADDRESS (number and street) ▼ Check if different than previously	Suite 425 West Washington			DC 200	201
reported. (ACĆ) 2. FEC IDENTIFICATION N		CITY 🛦		STATE ▲	ZIP CODE A
C C00274944		3. IS THIS REPORT	NEW (N) OR	AMENDE (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8 Sep 20 (M8 Oct 20 (M1	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report	(Q2) (C) 12-Day PRE-Ele Report	ection	vention (12C)	General (12G) Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	ion (d) 30-Day POST-E		neral (30G)	Runoff (30R)	Special (30S) in the
5. Covering Period	06 01 Y		hrough 06		Y Y Y Y 2017
I certify that I have examined Type or Print Name of Treasur	Misialek, Michael,		ge and belief it is tr	ue, correct and comp	plete.
Signature of Treasurer —	sialek, Michael, , John, Di	: [Elec	ctronically Filed]		18 / 2017
NOTE: Submission of false, erro	neous, or incomplete i	nformation may subject	t the person signing t	this Report to the pena	alties of 52 U.S.C. § 30109
Office Use Only				FE	EC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		444893.14
	(b) Cash on Hand at Beginning of Reporting Period	465391.14	
	(c) Total Receipts (from Line 19)	6835.00	142155.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	472226.14	587048.14
7.	Total Disbursements (from Line 31)	23559.00	138381.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	448667.14	448667.14
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

06 01 2017 06 30 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5050.00 126010.00 (i) Itemized (use Schedule A)..... 1785.00 16145.00 (ii) Unitemized (iii) TOTAL (add 142155.00 6835.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 142155.00 6835.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......▶ 142155.00 6835.00 20. Total Federal Receipts 6835.00 142155.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7 7 7	4 4
Expenditures(c) Total Operating Expenditures	59.00	381.00
(add 21(a)(i), (a)(ii), and (b))▶	59.00	381.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	23500.00	138000.00
Independent Expenditures	4 4 4	
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		0.00
Y .	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		100001 00
	23559.00	138381.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	23559.00	138381.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

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

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

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

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 6835.00 142155.00 0.00 0.00 142155.00 6835.00 59.00 381.00 0.00 0.00 59.00 381.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Columbus Regional Healthcare System

General

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

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

Receipt For:

B.

Primary

Other (specify)

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

FOR LINE NUMBER: (check only one)

* 11a 11b

250.00

Г	Un	LIINE	INO	IVIDED	FAGL	U	Oi	10
(0	che	ck only	or	ne)				
	X	11a		11b	11c	12		
		13		14	15	16		17

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ausley Jr, Mett, B, Dr., MD Date of Receipt Mailing Address 3412 Waccamaw Shores Rd 2017 City State Zip Code Transaction ID: SA11AI.55380 NC Lake Waccamaw 28450-9442 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Pathologist

Aggregate Year-to-Date ▼

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name of Individual (Last, First, Middle In Cantrell, Brett, B., Dr., MD	nitial) or Full Orç	ganization Name	Date of Receipt
Mailing Address Dept of Path 1 Shircliff Way			06 27 2017
City	State	Zip Code	Transaction ID : SA11AI.55369
Jacksonville	FL	32204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) St Vincent's Med Ctr		pation (for Individual) ologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Feran, Marianne, L., Dr., MD Date of Receipt Mailing Address 23 Whittier St 2017 City State Zip Code Transaction ID: SA11AI.55378 MA Melrose 02176-3601 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hallmark Hlth Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE	7	OF	16
(0	che	ck only	or	ıe)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glassy, Eric, F, Dr., MD Date of Receipt Mailing Address 2801 Via Buena 2017 City Zip Code State Transaction ID: SA11AI.55371 CA Palos Verdes Estates 90274-4417 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Affiliated Pathologists Medical Group Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gochman, Gary, A, Dr., MD Date of Receipt Mailing Address Lab 2017 9333 E Imperial Hwy City State Zip Code Transaction ID: SA11AI.55373 CA Downey 90242-2812 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kaiser Downey Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ho, James, N., Dr., MD Date of Receipt Mailing Address Genoptix Medical Laboratory 2017 2110 Rutherford Rd City State Zip Code Transaction ID: SA11AI.55374 CA Carlsbad 92008-7328 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Genoptix Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE	8	OF	16
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LeeSang, John, Elliott, Dr., MD Date of Receipt Mailing Address Dept of Pathology 1301 Wonder World Dr 2017 City Zip Code State Transaction ID: SA11AI.55375 TX San Marcos 78666-7533 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Central Texas Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Milless, Tiffani, Lynn, Dr., MD Date of Receipt Mailing Address 4834 Algonquin Rd 2017 City State Zip Code Transaction ID: SA11AI.55361 IΑ Des Moines 50311-3312 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Iowa Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wu, Sang, , Dr., MD Date of Receipt Mailing Address ProPath Associates 2017 6100 Harris Pkwy, Thsw-Hospital La City Zip Code State Transaction ID: SA11AI.55385 TX Fort Worth 76132-4101 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Texas Health Presbyterian Hospital Den Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)			,		_	,	_	125	0.00	
TOTAL This Period (last page this line number only)		_	7	_	_	7	_		- 	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE	9	OF	16
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Zinterhofer, Louis, J, Dr., MD Date of Receipt Mailing Address Dept of Path 300 2nd Ave 2017 City Zip Code State Transaction ID: SA11AI.55377 NJ Long Branch 07740-6303 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Monmouth Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 5050.00

17

SCHEDULE B (FEC Form 3X)			FOR LINE	NE NUMBER: PAGE 10 OF 16					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)					
		Summary Page	X 21b	22 23 26 27					
			28a	28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
College of American Pathologists	Political	Action Com	mittee						
Full Name (Last, First, Middle Initial)				Date of Disbursement					
A. Sun Trust Bank				Make of Dispursement					
Mailing Address P.O. Box 85024				06 20 2017					
- -	ı								
City	State VA	Zip Code		FEC Identification Number					
Richmond Purpose of Disbursement	\ \ \ \	23285		С					
Suntrust Account Analysis Fee									
Candidate Name			Category/	Transaction ID: SB21B.55335 Amount of Each Disbursement this Period					
			Туре	50.00					
Office Sought: House Disburs Senate	ement For:	Conoral		59.00					
President	Other (spe	General ecify) The second of the second o		П.,					
State: District:	_ = (ope	3/ ▼		Memo Item					
Full Name (Last, First, Middle Initial)									
В.				Date of Disbursement					
Mailing Address				M = M / D = D / Y = Y = Y					
Mailing Address									
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement									
ruipose oi Dispuisement			· · · ·	C					
Candidate Name			Category/	Amount of Each Disbursement this Period					
			Type	Amount of Each Dispulsement this Fellou					
	ement For:								
Senate	Primary	General							
President State: District:	Other (spe	ecity)		Memo Item					
Full Name (Last, First, Middle Initial)									
C.				Date of Disbursement					
				M = M / D = D / Y = Y = Y					
Mailing Address									
City	State	Zip Code		FEC Identification Number					
D. married Disharana									
Purpose of Disbursement			· · ·	C					
Candidate Name			Catagorit	Amount of Each Dishursoment this Paried					
			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:								
Senate	Primary	General							
President State: District:	Other (spe	ecity) 🔻		Memo Item					
State. DISTRICT.									
SUBTOTAL of Disbursements This Page (optional)				59.00					
				7 7 7					
TOTAL This Period (last page this line number only	v)			59.00					

SCHEDULE B (FEC Form 3X)	Use separate schedule	(a) I	FOR LINE NUMBER: PAGE 11 OF 16					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e 21b 28a	22 X 23 26 27 28c 29 30b					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-								
NAME OF COMMITTEE (In Full) College of American Pathologists P	•		2. 2. 2. 2. 2					
Full Name (Last, First, Middle Initial) 4. 4 MA PAC			Date of Disbursement					
Mailing Address PO BOX 590-464			06 19 2017					
NEWTON	State Zip Code MA 02459	_	FEC Identification Number					
Purpose of Disbursement Candidate Name		Category/	C C00543504 Transaction ID : SB23.55336 Amount of Each Disbursement this Period					
Senate President	nent For: 2017 Primary General Other (specify)	Туре	1000.00 Memo Item					
State: District:	Other		LIono nom					
Full Name (Last, First, Middle Initial) B. CARLOS CURBELO CONGRESS Mailing Address 8724 SW 72ND STREET			Date of Disbursement D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
MIAMI	State Zip Code FL 33173		FEC Identification Number					
Purpose of Disbursement Candidate Name		Category/ Type	C C00546846 Transaction ID : SB23.55338 Amount of Each Disbursement this Period					
Senate x	nent For: 2018 Primary General Other (specify)		2500.00 Memo Item					
Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMM	MITTEE		Date of Disbursement					
Mailing Address PO BOX 6545			06 19 2017					
	State Zip Code CA 93290		FEC Identification Number C C00370056					
Candidate Name		Category/ Type	Transaction ID : SB23.55339 Amount of Each Disbursement this Period					
Senate X	nent For: 2018 Primary General Other (specify)		2500.00 Memo Item					
SUBTOTAL of Disbursements This Page (optional)			6000.00					
TOTAL This Period (last page this line number only).								

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	R LINE NUMBER: PAGE 12 OF 16					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 x 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-								
NAME OF COMMITTEE (In Full) College of American Pathologists P	, , , , , , , , , , , , , , , , , , ,							
Full Name (Last, First, Middle Initial) A. FIRST STATE PAC			Date of Disbursement					
Mailing Address P.O. Box 3006			06 19 2017					
Wilmington	State Zip Code DE 19804		FEC Identification Number					
Purpose of Disbursement Candidate Name		Category/	C C00363648 Transaction ID : SB23.55340 Amount of Each Disbursement this Period					
Senate	nent For: 2017 Primary General Other (specify)	Type	1000.00					
State: District:	OTHER		Memo Item					
Full Name (Last, First, Middle Initial) B. FRIENDS OF CHRIS MURPHY Mailing Address PO BOX 127			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
CHESHIRE	State Zip Code CT 06410		FEC Identification Number					
Purpose of Disbursement Candidate Name		Category/ Type	C C00492645 Transaction ID: SB23.55341 Amount of Each Disbursement this Period					
x Senate x	nent For: 2018 Primary General Other (specify)		1000.00 Memo Item					
Full Name (Last, First, Middle Initial) HELLER FOR SENATE			Date of Disbursement					
Mailing Address PO BOX 371907			06 29 2017					
,	State Zip Code NV 89137		FEC Identification Number C C00494229 Transaction ID : SB23.55356					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
x Senate	nent For: 2018 Primary General Other (specify)		1000.00 Memo Item					
SUBTOTAL of Disbursements This Page (optional)			3000.00					
TOTAL This Period (last page this line number only).								

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SCHEDULE B (FEC Form 3X)	Lice congrete ashedule(s) TOTT EINE NOWIDETT.				
ITEMIZED DISBURSEMENTS					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
College of American Pathologists F	Political Action Comr	nittee			
Full Name (Last, First, Middle Initial) A. HOYER'S MAJORITY FUND	Date of Disbursement				
Mailing Address 499 SOUTH CAPITOL STREET, SW			06 19 2017		
City	State Zip Code		FFO Identification Number		
WASHINGTON	DC 20003		FEC Identification Number		
Purpose of Disbursement			C C00140715		
Candidate Name		Category/	Transaction ID: SB23.55344 Amount of Each Disbursement this Period		
Office Sought:	ment For: 2017	Туре	1000.00		
Senate President	Primary General Other (specify) ▼		Momo Itam		
State: MD District: 05	OTHER		Memo Item		
Full Name (Last, First, Middle Initial) B. KAINE FOR VIRGINIA			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 1751 POTOMAC GREENS DRIVE			06 28 2017		
City ALEXANDRIA	State Zip Code VA 22314		FEC Identification Number		
Purpose of Disbursement	ZZ314		C C00495358		
			Transaction ID : SB23.55354		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	nent For: 2018 Primary General		1000.00		
	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. KINZINGER FOR CONGRESS			M M / D D / Y Y Y Y		
Mailing Address PO BOX 2365			06 19 2017		
	State Zip Code		FEC Identification Number		
OTTAWA Purpose of Disbursement	IL 61350		000450077		
i urpose of bisbursement			C C00458877		
Candidate Name		Category/ Type	Transaction ID: SB23.55345 Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For: 2018	1,700	1000.00		
	Primary General		_		
State: IL District: 16	Other (specify) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			3000.00		
COLUMN CONTROL OF THE PROPERTY			7 7 7		
TOTAL This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 26 27 28a 28b 28c 29 30b
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	71	
College of American Pathologists F	Political Action Comm	ittee
Full Name (Last, First, Middle Initial)	DECC	Date of Disbursement
A. MICHAEL BURGESS FOR CONG	M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 2334		06 19 2017
City DENTON	State Zip Code TX 76202	FEC Identification Number
Purpose of Disbursement	70202	0.00070500
r arpose or biobarcoment		C C00372532
Candidate Name	L	Category/ Amount of Each Disbursement this Period
Office Sought: 🙀 House Disburser	ment For: 2018	Type 1000.00
	Primary General	7
State: TX District: 26	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
B. MULLIN FOR CONGRESS		Date of Disbursement
Mailing Address P.O. BOX 3681		06 19 2017
City MUSKOGEE	State Zip Code OK 74402	FEC Identification Number
Purpose of Disbursement	74402	C C00498345
Candidate Name	l	Category/ Type Transaction ID : SB23.55347 Amount of Each Disbursement this Period
	ment For: 2018	2500.00
Senate x	Other (specify) General	п.,
State: OK District: 02		Memo Item
Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRES	S	Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET, S	SE	06 19 2017
City	State Zip Code	FEC Identification Number
WASHINGTON	DC 20003	TEO Identification Number
Purpose of Disbursement	1	C C00213512
Candidate Name	L	Transaction ID : SB23.55348 Category/ Type Type
Senate 🗶	ment For: 2018 Primary General	1000.00
State: CA District: 12	Other (specify) ▼	Memo Item
SUBTOTAL of Disbursements This Page (optional)		4500.00

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 15 OF			
ITEMIZED DISBURSEMENTS	Llos congreto cohodulo(s)				
Any information copied from such Reports and States or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) College of American Pathologists I			Solicit Commission of the Commission.		
Full Name (Last, First, Middle Initial) A. PERIMETER PAC			Date of Disbursement		
Mailing Address 124 WASHINGTON STREET SUITE 101			06 19 2017		
FOXBORO	State Zip Code MA 02035		FEC Identification Number		
Purpose of Disbursement Candidate Name		Category/	C C00544254 Transaction ID : SB23.55349 Amount of Each Disbursement this Period		
Office Sought: House Disbursel Senate President	ment For: 2017 Primary General Other (specify)	Туре	2500.00		
State: District:	OTHER		Memo Item		
B. Roskam for Congress Mailing Address P.O. Box 713			Date of Disbursement M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y		
City Wheaton Purpose of Disbursement Candidate Name	State Zip Code IL 60189		FEC Identification Number C C00410969 Transaction ID : SB23.55351		
	ment For: 2018 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Memo Item		
Full Name (Last, First, Middle Initial) C. TAMMY BALDWIN FOR SENATE			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address POBOX 696 City MADISON Purpose of Disbursement Candidate Name	State Zip Code WI 53701		FEC Identification Number C C00326801 Transaction ID: SB23.55352		
	ment For: 2018 Primary General Other (specify)	Category/ Type	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)			6000.00		

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SCHEDULE B (FEC Form 3X)	Hee een	arate cohodulo(c)	FOR LINE NUMBER: (check only one) 21b 22 23 26 27			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the				
	Detailed	Summary Page	28a	28b	28c 29 30b	
Any information copied from such Reports and State						
or for commercial purposes, other than using the na	me and add	lress of any politica	al committee to	solicit contrib	utions from such committee.	
NAME OF COMMITTEE (In Full)	Dolitical	Action Comm	mittoc			
College of American Pathologists		Action Com	ııılıee			
Full Name (Last, First, Middle Initial) A. WHITEHOUSE FOR SENATE				Date of Dis	hursamant	
A. WHITEHOUSE FOR SENATE				M M /	D D / Y Y Y Y	
Mailing Address PO BOX 40280				06	19 2017	
City	State	Zip Code		FEC Identif	ication Number	
PROVIDENCE	RI	02940				
Purpose of Disbursement				C _coo	410803	
Candidate Name			Onto word		ction ID : SB23.55353	
			Category/ Type	Amount of	Each Disbursement this Period	
	ement For:			1000.00		
x Senate President	_	General				
State: RI District: 00	Other (spe	cony) 🔻		Memo	Item	
Full Name (Last, First, Middle Initial)						
В.				Date of Dis	sbursement	
Mailing Address				M = M /	D D / Y Y Y Y	
Mailing Address						
City	State	Zip Code		FEC Identif	ication Number	
Purpose of Disbursement				C		
·						
Candidate Name Category/			Amount of Each Disbursement this Period			
Office Sought: House Disburse	ament For:		Туре			
Office Sought: House Disbursement For: Senate Primary General					F 4 4	
President				Memo Item		
State: District:				Wichio	nom	
Full Name (Last, First, Middle Initial) C.				Date of Dis	shursement	
.				M M /	D D / Y Y Y Y	
Mailing Address						
City	State	Zip Code		FEC Identif	ication Number	
Purpose of Disbursement				С		
Candidate Name			Category/ Type	Amount of	Each Disbursement this Period	
Office Sought: House Disburse	ement For:		1,900			
Senate	Primary	General			y 1 4 1	
President	Other (spe	ecify) ▼		Memo	Item	
State: District:						
SUBTOTAL of Disbursements This Page (optional)					1000.00	
age (optional)						
TOTAL This Period (last page this line number only	v)				23500.00	