

# 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  
 Check if different than previously reported. (ACC) Washington DC 20001

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:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period 05 / 01 / 2018 through 05 / 31 / 2018

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

Type or Print Name of Treasurer

Signature of Treasurer Konnick, Eric, , Dr., MD,MS [Electronically Filed] Date 06 / 19 / 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.

Office Use Only

**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="2018"/>		435671.14
(b) Cash on Hand at Beginning of Reporting Period.....	459738.14	
(c) Total Receipts (from Line 19) .....	11024.00	103610.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	470762.14	539281.14
7. Total Disbursements (from Line 31).....	9750.00	78269.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	461012.14	461012.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	9999.00	95705.00
(ii) Unitemized .....	1025.00	7905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11024.00	103610.00
(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) .....	11024.00	103610.00
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)).....▶	11024.00	103610.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11024.00	103610.00

**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 .....	50.00	319.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	50.00	319.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9700.00	77950.00
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)) ..	9750.00	78269.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9750.00	78269.00

**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) .....	11024.00	103610.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11024.00	103610.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	50.00	319.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	50.00	319.00

**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 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. Dugan, Michael, C, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 W Del Mar Blvd Ste 203

City Pasadena	State CA	Zip Code 91105-2505
------------------	-------------	------------------------

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 ▼  
449.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

**Transaction ID : SA11AI.56345**

Amount of Each Receipt this Period  
199.00

Memo Item

**B. Forsyth, Jennifer, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Magnolia Ave 45b

City Little Rock	State AR	Zip Code 72202-1614
---------------------	-------------	------------------------

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

Name of Employer (for Individual) State Crime Laboratory	Occupation (for Individual) Pathologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2018

**Transaction ID : SA11AI.56334**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Fowkes, Mary, Elizabeth, Dr., MD, PhD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Elm Rd

City Katonah	State NY	Zip Code 10536-1308
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

**Transaction ID : SA11AI.56343**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2699.00
<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 14
<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. Frigy, Alan, F, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
1800 E Lake Shore Dr

City Decatur State IL Zip Code 62521-3810

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

Name of Employer (for Individual) St Mary's Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2018  
**Transaction ID : SA11AI.56337**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Gomez, Richard, R., Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 Delaware Dr

City Ozawkie State KS Zip Code 66070-9570

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

Name of Employer (for Individual) SCL Health Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2018  
**Transaction ID : SA11AI.56347**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Harris, James, Brent, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2374 E Pacifica PL

City Rancho Dominguez State CA Zip Code 90220-6214

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

Name of Employer (for Individual) Affiliated Pathologists Med Grp Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 17 / 2018  
**Transaction ID : SA11AI.56356**

Amount of Each Receipt this Period 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 14
<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. Klein, Walter, Martin, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
130 S Bryn Mawr Ave

City Bryn Mawr State PA Zip Code 19010-3121

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

Name of Employer (for Individual) Bryn Mawr Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2018  
**Transaction ID : SA11AI.56351**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Olobatuyi, Felix, Ademola, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department Of Pathology  
2401 S 31st St MS-01-266

City Temple State TX Zip Code 76508-0001

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

Name of Employer (for Individual) Scott and White Memorial Hosp Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2018  
**Transaction ID : SA11AI.56354**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Powell, Suzanne, Zein-Eldin, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5305 Southampton EST

City Houston State TX Zip Code 77005-1778

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

Name of Employer (for Individual) Houston Methodist Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018  
**Transaction ID : SA11AI.56352**

Amount of Each Receipt this Period 500.00

Memo Item

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<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. Putzi, Mathew, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 W 38th St Ste 200

City Austin	State TX	Zip Code 78705-1011
----------------	-------------	------------------------

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

Name of Employer (for Individual) Seton Healthcare Family	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  
 05 / 03 / 2018  
**Transaction ID : SA11AI.56344**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Rudy, Frank, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20077 Seadale CT

City Estero	State FL	Zip Code 33928-7725
----------------	-------------	------------------------

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

Name of Employer (for Individual) Pinnacle Health Hospitals	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  
 05 / 03 / 2018  
**Transaction ID : SA11AI.56339**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Sagatys, Elizabeth, Mary, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15401 Fenton PL

City Tampa	State FL	Zip Code 33647-1151
---------------	-------------	------------------------

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

Name of Employer (for Individual) Moffitt Cancer Center	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  
 05 / 04 / 2018  
**Transaction ID : SA11AI.56350**

Amount of Each Receipt this Period  
 500.00

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 10 OF 14
<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. Valdes, Caroline, Leilani, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 W Commercial St  
 City Victoria State TX Zip Code 77901-6302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regional Medical Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2018  
**Transaction ID : SA11AI.56338**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Volk, Emily, Ellen, Dr., MD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 219 Lamont Ave  
 City San Antonio State TX Zip Code 78209-3753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Health System Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : SA11AI.56359**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Weiss, Ronald, L, Dr., MD, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2645 Nottingham Way  
 City Salt Lake City State UT Zip Code 84108-2453  
 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 ▼ 1500.00

Date of Receipt 05 / 03 / 2018  
**Transaction ID : SA11AI.56348**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	9999.00

**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

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. 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 / D D / Y Y Y Y Y Y  
05 / 18 / 2018

FEC Identification Number

C

Transaction ID : SB21B.56316  
Amount of Each Disbursement this Period

50.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

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)..... ▶

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

50.00

50.00

**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

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. ADRIAN SMITH FOR CONGRESS**

Mailing Address 439 New Jersey Avenue, 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: NE District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2018

FEC Identification Number

C C00412890

Transaction ID : SB23.56318

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2018

FEC Identification Number

C C00439661

Transaction ID : SB23.56319

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GEORGIANS FOR ISAKSON**

Mailing Address 1111 19TH STREET, NW  
SUITE 100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: GA District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2018

FEC Identification Number

C C00384693

Transaction ID : SB23.56320

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)..... ▶

4000.00

**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

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. LAHOOD FOR CONGRESS**

Mailing Address 5827 COLFAX AVENUE

City  
ALEXANDRIA

State  
VA

Zip Code  
22311

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	8

FEC Identification Number

**C** C00575050

**Transaction ID : SB23.56321**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MATSUI FOR CONGRESS**

Mailing Address P.O. BOX 83142

City  
GAITHERSBURG

State  
MD

Zip Code  
20883

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	8

FEC Identification Number

**C** C00409219

**Transaction ID : SB23.56323**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MORAN VICTORY COMMITTEE**

Mailing Address P.O. BOX 1152

City  
HAYS

State  
KS

Zip Code  
67601

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼ OTHER

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	8

FEC Identification Number

**C** C00616268

**Transaction ID : SB23.56324**

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

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. ROSKAM FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2018

Mailing Address 1006 PENDLETON STREET

FEC Identification Number

C	C00410969
---	-----------

**Transaction ID : SB23.56326**

Amount of Each Disbursement this Period

2700.00
---------

Memo Item

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IL District: 06

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

2700.00
---------

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

9700.00
---------