PAGE 1 / 15

Image# 201510159002919311

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Author	orized Committee	Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
College of American Pa	NAME OF COMMITTEE (in full) NAME STATE A ZIP CODE A NAME NO R NO R NAME NO R			
NAME OF COMMITTEE (in full) COMMITTEE (in full)				
ADDRESS (number and street)	1350 I Street, NW			
			. DC 200	105
	Wasiiiigtoii		200	05 - -
2. FEC IDENTIFICATION NU	IMBER ▼ CITY	^	STATE A	ZIP CODE ▲
C C00274944				D
(Choose One) (a) Quarterly Reports:	Report Due On: Mar 2	20 (M3) Jun 20 (I	M6) Sep 20 (M9	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31	PRE-Election Report for the:	Convention (12C)	Special (12S)	in the
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
5. Covering Period 09				
-	•	ny knowledge and belief it i	s true, correct and comp	lete.
Type of Pilit Name of Treasurer	JOHN WICHAEI WISIAIEK Dr.			
Signature of Treasurer John	Michael Misialek Dr.	[Electronically Filed]		
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signi	ng this Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

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: 09 01 2015 To: 09 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		405859.24
	(b) Cash on Hand at Beginning of Reporting Period	503452.04	
	(c) Total Receipts (from Line 19)	6500.00	216286.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	509952.04	622145.24
7.	Total Disbursements (from Line 31)	33800.90	145994.10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	476151.14	476151.14
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. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Cov	rering the Period: From: 09	01 2015 To	9: 09 30 2015					
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
(a) Indi	tions (other than loans) From: viduals/Persons Other n Political Committees							
	Itemized (use Schedule A)	6000.00	186705.00					
(/	Unitemized TOTAL (add	500.00	29206.00					
` '	Lines 11(a)(i) and (ii)	6500.00	215911.00					
	tical Party Committees	0.00	0.00					
(suc	ch as PACs)	0.00	0.00					
11(a	a)(iii), (b), and (c)) (Carry	6500.00	215911.00					
12. Transfer	s From Affiliated/Other	0.00	0.00					
-	s Received	0.00	0.00					
14 Loan Re	payments Received	0.00	0.00					
15. Offsets	To Operating Expenditures s, Rebates, etc.)	7						
(Carry To	otals to Line 37, page 5) of Contributions Made	0.00	0.00					
Political	al Candidates and Other Committees	0.00	375.00					
(Dividenda) 18. Transfer	ederal Receipts ds, Interest, etc.)s from Non-Federal and Levin Funds	0.00	0.00					
` '	Federal Account n Schedule H3)	0.00	, 0.00					
(b) Levir	Funds (from Schedule H5)	0.00	0.00					
(c) Total	Transfers (add 18(a) and 18(b))	0.00	0.00					
	ceipts (add Lines 11(d),		2/222					
	14, 15, 16, 17, and 18(c))▶	6500.00	216286.00					
	deral Receipts : Line 18(c) from Line 19)▶	6500.00	216286.00					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		7 7 7
	Expenditures	100.90	944.10
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100.90	944.10
2.	Transfers to Affiliated/Other Party		7 7 7
3	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	33700.00	145050.00
4.	Independent Expenditures (use Schedule E)	0.00	0.00
5.	Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	Refunds of Contributions To:		0.00
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33800.90	145994.10
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	22000 00	145994.10
	from Line 31)▶	33800.90	145994.10

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6500.00	215911.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6500.00	215911.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	100.90	944.10
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	100.90	944.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NOME (check only one)

_	LINE	_		:	PAGE	6	OF	15
(che	ck only	or	ie)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

	Statements may not be sold or used by any personne name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael A. Deck MD		Date of Receipt
Mailing Address 6124 W Parker Rd Ste G36		09 25 2015
City Plano	State Zip Code TX 75093-8124	Transaction ID : SA11AI.53198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer MD Pathology Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 2500.00	-
Full Name (Last, First, Middle Initial) Dr. Jerry W Hussong MD Mailing Address 500 Chipeta Way MSC 115-	G04	Date of Receipt
City Salt Lake City	State Zip Code UT 84108-1221	09 26 2015 Transaction ID : SA11AI.53199 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ARUP Laboratories, Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Jerome M. Loew MD		Date of Receipt
Mailing Address Department of Pathology 1750 W Harrison St		09 10 2015
City Chicago	State Zip Code IL 60612-3825	Transaction ID : SA11AI.53193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rush University Med Ctr	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		3750.00
TOTAL This Period (last page this line number	er only)	

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

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

FO	R LINE	NU	IMBER	:	PAGE	7	OF	15
(ch	eck only	or	ne)					
>	1 1a		11b		11c	12	2	
	13		14		15	16	6	17

		atements may not be sold or used by any person name and address of any political committee to	
	NAME OF COMMITTEE (In Full)	, p. 1. 22	211 22
\rangle	College of American Pathologists	s Political Action Committee	
<u>/</u> 1 .	Full Name (Last, First, Middle Initial) Dr. Michael John Misialek MD		Date of Receipt
	Mailing Address Path Dept 2014 Washington St		09 29 2015
	City	State Zip Code	Transaction ID : SA11AI.53202
	Newton	MA 02462-1607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Newton-Wellesley Hospital	Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Karla K. Murphy MD		Date of Receipt
	Mailing Address Plaza 3		M = M / D = D / Y = Y = Y
	1315 S Cliff Ave Ste 4100	State 7in Onda	09 16 2015
	City Sioux Follo	State Zip Code	Transaction ID : SA11AI.53194
	Sioux Falls	SD 57105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Physicians Laboratory Ltd	Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
—).	Full Name (Last, First, Middle Initial) Dr. John Nachazel MD		Date of Receipt
	Mailing Address 1401 Lachman Ln		09 23 _ 2015 _
	City	State Zip Code	Transaction ID : SA11AI.53196
	Pacific Palisades	CA 90272-2233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Dignity Health-California Hospital Med	Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	250.00	
SI	UBTOTAL of Receipts This Page (optional)	•	1000.00
	OTAL This Period (last page this line number of	nly)	
	, , ,	••	

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

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

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

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
/	no Funda Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Margaret H Neal MD		Date of Receipt
Mailing Address 1899 Eider Ct		09 19 2015
City	State Zip Code	Transaction ID : SA11AI.53195
Tallahassee	FL 32308-4537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
KWB Pathology Associates	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogate roan to Date y	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Sarah J. Olenick MD,PhD		Date of Receipt
Mailing Address 1447 York Ct		09 02 _2015 _
City	State Zip Code	Transaction ID : SA11AI.53191
Burlington	NC 27215-3361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Laboratory Corporation of America	Occupation Pathologist	
Receipt For:	-	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Wilkinson MD,PhD		Date of Receipt
Mailing Address Gateway Bldg 6-229		M = M / D = D / Y = Y = Y
1200 E Marshall St	Charles 7th Condin	09 27 2015
City Richmond	State Zip Code VA 23298-5049	Transaction ID : SA11AI.53200
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer	Occupation	
VCU Health System Authority	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	only)	6000.00

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SCHEDULE B (FEC Form 3X)		FOR L	INE NUMBE	R:		Р	AGE	9 C)F 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Oncore	only one)		no ⁻			05	
	Detailed Summary Page		21b 22 27 28a		23 28b	24 280	, Н	25 29	26 30l
Any information copied from such Reports and Statem	ants may not be sold or u								
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
College of American Pathologists P	olitical Action Com	mittee							
Full Name (Last, First, Middle Initial)									
A. Sun Trust Bank			Date	of Disb	ursem	nent			
Mailing Address P.O. Box 85024			O:		03	/	20		Y
City	tate Zip Code		Tro	nsactio	n ID .	CD241	D E242	<u> </u>	
	VA 23285			iisaciio	. טו וו	36211	5.5515	J	
Purpose of Disbursement Suntrust Moneris ACH Discount Fee			Amo	unt of E	ach D	isburs	ement	this F	Period
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Office Sought: House Disbursem	ent For: Primary General								
	Other (specify)								
State: District:	, , , , , , , , , , , , , , , , , , ,								
Full Name (Last, First, Middle Initial)									
B. Sun Trust Bank			Date	of Disb	ursem	nent			
Mailing Address P.O. Box 85024			0	M /	21			15	Y
City S	tate Zip Code								
	VA 23285		Tra	nsactio	n ID :	SB21I	B.5313	6	
Purpose of Disbursement Suntrust Account Analysis Fee			Amo	unt of E	oob D	iohuro	omont	thio E	Pariod
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		Category. Type	′	,		,		59	.00
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	Primary General								
	Other (specify) ▼								
C.			Date	of Disb	ursem	nent			
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Mailing Address				_			_		_
City	tate Zip Code								
Purpose of Disbursement		_	-						
Purpose of Disbursement Suntrust Account Analysis Fee Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Senate			Amo	unt of E	ach D	isburs	ement	this F	Period
Candidate Name		Category. Type	/			-		-	
Office Sought: House Disbursem	ent For:	.,,,,		,		,			
	Primary General								
	Other (specify) ▼								
State: District:									
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TOTAL This Period (last page this line number only).				- 4				100.	.90

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF 15								
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)							
			Summary Page	21b	22 28a	23 28b	24 28c	25 29	26 30b			
Γ.	information coming from such Demants and Chaten											
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full)											
$ \rangle$	College of American Pathologists F	Political	Action Com	mittee								
_	Full Name (Last, First, Middle Initial)				_							
Α.	BADGERPAC				Date of	f Disburse						
	Mailing Address P.O. BOX 70980				09	10		2015	Y			
	City S	State	Zip Code		Transaction ID : SB23.53137							
	WASHINGTON	DC	20024									
	Purpose of Disbursement				Amoun	t of Fach	Disburseme	ent this	Period			
	Candidate Name			Cotogony								
				Category/ Type				1000	0.00			
		nent For:										
	Senate	Primary	General									
	State: President State:	Other (spe	OTHER									
_	Full Name (Last, First, Middle Initial)		OTTIER									
В.	BADGERPAC				Date o	f Disburse	ment					
					M M	/ D	D / Y	Y	Υ			
	Mailing Address P.O. BOX 70980				09	2	5	2015				
	City S WASHINGTON	State DC	Zip Code 20024		Trans	saction ID	: SB23.531	48				
	Purpose of Disbursement		20024									
					Amoun	t of Each	Disburseme	ent this	Period			
	Candidate Name			Category/				100	0.00			
	000			Type		7		100	0.00			
		nent For: Primary	2015 General									
			ecify) \blacktriangledown									
	State: District:	(0)	OTHER									
	Full Name (Last, First, Middle Initial)											
C.	BILL FLORES FOR CONGRESS				Date of	f Disburse	ment					
	M. W. A.I.I				M = M	/ D		Y Y	Υ			
	Mailing Address PO BOX 6207				09	29	9	2015				
	City	State	Zip Code		-		0000 504					
	BRYAN	TX	77805		Irans	saction ID	: SB23.531	54				
	Purpose of Disbursement											
	Candidate Name				Amoun	t of Each	Disburseme	ent this	Period			
	Candidate Name			Category/ Type				1000	0.00			
	Office Sought:	nent For:	2016	Турс			7					
	Senate	Primary	General									
	President	Other (spe	ecify) 🔻									
_	State: TX District: 17											
								3000	0.00			
L	SUBTOTAL of Disbursements This Page (optional)			·····•		-		3000	.00			
۱,	OTAL This Period (last page this line number only)											
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SCHEDULE B (FEC Form 3X)	Lice congrete cohodulo(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action Comm	ittee	
Full Name (Last, First, Middle Initial)			
A. BLUMENAUER FOR CONGRESS			Date of Disbursement
Mailing Address 232 NE 96H AVE.			09 29 2015
•	tate Zip Code OR 97232		Transaction ID : SB23.53156
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate X F	ent For: 2016 Primary General Other (specify) ▼		
State: OR District: 03			
Full Name (Last, First, Middle Initial) B. CONNOLLY FOR CONGRESS			Date of Disbursement
Mailing Address 3706 PRADO PLACE			09 29 2015
FAIRFAX	tate Zip Code VA 22031		Transaction ID : SB23.53157
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate X F	ent For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. CONSERVATIVES ORGANIZED TO ADVANCE TOM	MORROW'S SOLUTIONS (CO	ATS PAC)	Date of Disbursement
Mailing Address PO BOX 34303	<u> </u>	,	09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	tate Zip Code		Transaction ID : SB23.53145
INDIANAPOLIS Purpose of Disbursement	N 46234		
Candidate Name	[Category/ Type	Amount of Each Disbursement this Period 5000.00
Senate F	ent For: 2015 Primary General Other (specify) OTHER	- 7,60	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			7000.00

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF 1								
IT	ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)	705						
			Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	26 30b			
Γ.	information coming from such Demants and Chaten											
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam											
\setminus	NAME OF COMMITTEE (In Full)											
$ \rangle$	College of American Pathologists F	Political	Action Com	mittee								
\angle	Full Name (Look First Middle Leitel)											
Δ	Full Name (Last, First, Middle Initial) CRAMER FOR CONGRESS				Date of	Disbursen	nent					
<i>,</i>	CRAWER FOR CONGRESS				M M / D D / Y Y Y Y							
	Mailing Address PO BOX 396				09	21		2015				
	011	<u> </u>										
	City S BISMARCK	State ND	Zip Code 58502		Transaction ID : SB23.53147							
	Purpose of Disbursement		30302									
					Amount	of Each D	Disbursemer	nt this I	Period			
	Candidate Name			Category/				1000.00				
	0/5			Туре		7		1000	7.00			
		nent For: Primary	2016 General									
		Other (spe										
	State: ND District: 01	(-1-	√									
	Full Name (Last, First, Middle Initial)											
В.	Democratic Congressional Campai	ign Cor	nmittee		Date of	Disbursen	nent					
	Matter Address and Control				M = M	/ D = D		Y Y	Y			
	Mailing Address 430 South Capital Street, SE 2nd Floor				09	29		2015				
	City	State	Zip Code		Trans	action ID :	SB23.5315	8				
	Washington	DC	20003		ITalis	action ib .	0020.0010					
	Purpose of Disbursement				Amount	of Each D	Disbursemer	nt this I	Period			
	Candidate Name			Category/	7							
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		nent For:										
	Senate		General									
	President State: District:	Other (spe	OTHER									
_	Full Name (Last, First, Middle Initial)		OTTIER									
C.	GARRET GRAVES FOR CONGRE	SS			Date of	Disbursen	nent					
					M M	/ D D) / Y	YY	Υ			
	Mailing Address PO BOX 64845				09	29	2	2015				
	City	State	Zip Code									
		LA	70896		Trans	action ID:	SB23.5315	9				
	Purpose of Disbursement											
	Candidate Name				Amount	of Each D	Disbursemer	nt this I	Period			
	Candidate Name			Category/				500	0.00			
	Office Sought:	nent For:	2016	Туре		7	7					
		Primary	General									
	President	Other (spe	ecify) 🔻									
_	State: LA District: 06											
					_			11500	00			
L	SUBTOTAL of Disbursements This Page (optional)			·····•		1		11300	.00			
,	OTAL This Period (last page this line number only)											
Ι.												

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only							
	Detailed Summary Page	27	28a 28b 28c 29						
Any information copied from such Reports and Stater or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	to and address of any politic	our committee to	Constitutions from Such Committee.						
College of American Pathologists F	Political Action Com	mittee							
Full Name (Last, First, Middle Initial)									
A. GREGG HARPER FOR CONGRE	SS		Date of Disbursement						
Mailing Address POST OFFICE BOX 54344			09 10 2015						
,	State Zip Code		Transaction ID : SB23.53138						
PEARL	MS 39288		Transaction 15 : 0520.00100						
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Candidate Name		Category/ Type	1000.00						
	nent For: 2016 Primary General Other (specify)								
State: MS District: 03									
Full Name (Last, First, Middle Initial)									
3. HUDSON FOR CONGRESS			Date of Disbursement						
Mailing Address PO BOX 5053			09 10 2015						
City S CONCORD	State Zip Code NC 28027		Transaction ID : SB23.53140						
Purpose of Disbursement			Amount of Each Disbursement this Peri						
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JACKIE SPEIER FOR CONGRES	3		Date of Disbursement						
Mailing Address PO BOX 112			09 25 2015						
,	State Zip Code CA 94011		Transaction ID : SB23.53149						
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College of American Pathologists F	Political	Action Com	mittee							
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