Image# 15951497367					PAGE 1 / 8
FEC A	EPORT OF I ND DISBURS	SEMENTS	S	Office Us	e Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT 🔻	Example: If typin over the lines.	g, type 12F	'E4M5	
College of American Par	thologists Political Ad		e		
	1350 I Street, NW				
ADDRESS (number and street)	Suite 590				
Check if different than previously reported. (ACC)	Washington			20005	
2. FEC IDENTIFICATION NUM	IBER V CITY	∕▲	STATE		ZIP CODE
C C00274944	3. IS RE	THIS X N PORT X (M	EW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On: Mar 2	20 (M3) 🗙 J	1ay 20 (M5) un 20 (M6) ul 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)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (1		General (12G)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)		on /		YYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G) F	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on /	D = D / Y = Y	YYY	in the State of
5. Covering Period 05	/ D D / Y Y Y 01 2015	through		201 / Y Y	
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of r John Michael Misialek Dr.	ny knowledge and b	elief it is true, cor	rect and complet	е.
Signature of Treasurer	ichael Misialek Dr.	[Electronically	Filed] Date	06 / D 19	D / Y Y Y Y 2015
NOTE: Submission of false, erroneo	us, or incomplete information	may subject the pers	on signing this Rep	port to the penaltie	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X ev. 12/2004

06/19/2015 11 : 22

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	05 / D D / Y Y Y Y 01 2015 To	. 05 / D D / Y Y Y Y 31 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	472802.64							
	(c) Total Receipts (from Line 19)	3721.00	122329.00						
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	476523.64	528188.24						
7.	Total Disbursements (from Line 31)	114.40	51779.00						
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	476409.24	476409.24						
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

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		ETAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	Irite or Type Committee Name		
C	College of American Pathologists Po	olitical Action Committee	
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2015 To	o: 05 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	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)	2800.00	102295.00
	(i) Remized (use Schedule A)	7 7	
	(ii) Unitemized	921.00	20034.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	3721.00	122329.00
		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 Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	3721.00	122329.00
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
12	All Loans Received	0.00	0.00
10.			
1/	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	7 7 7	
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
	to Federal Candidates and Other		0.00
47	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	0.00	0.00
2.	(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))	3721.00	122329.00
0.5			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	3721.00	122329.00
		3721.00	122323.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	114.40	529.0
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	114.40	529.0
Transfers to Affiliated/Other Party		0.0
Committees Contributions to Federal Candidates/Committees and Other Political Committees	0.00	
and Other Political Committees Independent Expenditures	0.00	51250.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
	0.00	0.0
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	0.00	0.0
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.0
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
 (c) Total Federal Election Activity (add 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))	114.40	51779.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	114.40	51779.00
		7 7

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	3721.00	122329.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	3721.00	122329.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	114.40	529.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	114.40	529.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

8

••			Detailed Summary Page		11a 13		11b 14	11c		12 16	17					
Ar	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	L ay not be sold or used by any p uddross of any political complitud	erson f	for the	pur	pose of	soliciting	con	ntributi	ons					
		le name and a					outions i	rom such	COL	nmille	e.					
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologi	sts Politica	al Action Committee													
A.	Full Name (Last, First, Middle Initial) Dr. Stephen A Betz MD				Date of Receipt											
	Mailing Address 3 Barberry Rd				05 15 2015 Transaction ID : SA11AI.52834											
	City Mason City	State IA	Zip Code 50401-2556					SA11AI.5 eceipt thi								
	FEC ID number of contributing federal political committee.	С					7			300.	00					
	Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist														
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]												
в.	Full Name (Last, First, Middle Initial) Dr. Alan F Frigy MD				Date of	f Re	eceipt									
	Mailing Address Dept of Path 1800 E Lake Shore Dr						05 05 2015									
	City		Transaction ID : SA11AI.52816													
	Decatur	IL	62521-3810	/	Amount	t of	Each R	eceipt thi	s Pe	əriod						
	FEC ID number of contributing federal political committee.	1000.00														
	Name of Employer St Mary's Hospital	Occupation Pathologist														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]												
c.	Full Name (Last, First, Middle Initial) Dr. David L. Gang MD	l			Date of	f Re	eceipt									
	Mailing Address Dept of Path 759 Chestnut St		м м 05	1	18	/ Y	Y 201	ү 15	Y							
	City Springfield	State MA	Zip Code 01199-1001					SA11AI.5 eceipt thi								
	FEC ID number of contributing federal political committee.				7			200.	00							
	Name of Employer															
	Baystate Med Ctr															
	Receipt For:															
	Primary General Other (specify) ▼		400.00]												
	UBTOTAL of Receipts This Page (optional).						y	- J	1	1500.0	00					
T	OTAL This Period (last page this line numbe	r only)	······)	▶	_		7		_		_					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

8

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u	s and Statements may not be sold or used by any pe sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) College of American Patho	blogists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. S. N. Levi Jones MD Mailing Address 1102 W MacArthur St		Date of Receipt
City	State Zip Code	05 15 2015 Transaction ID : SA11AI.52833
Shawnee	OK 74804-1743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer St. Anthony Shawnee Hospital	Occupation Pathologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) B. E. Raouf Nakhleh Dr.		Date of Receipt
Mailing Address Department of Patholo 4201 Belfort Rd		05 21 2015
City Jacksonville	StateZip CodeFL32216	Transaction ID : SA11AI.52838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Luke's Hosp	Occupation Pathologist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dr. Elizabeth A Wagar MD		Date of Receipt
Mailing Address Dept of Lab Med Unit 1515 Holcombe Blvd		05 18 2015
City Houston	StateZip CodeTX77030-4009	Transaction ID : SA11AI.52836 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
UTMD Anderson Cancer Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (opti-	onal)	1300.00
	number only)	2800.00

S	CHEDULE B (FEC Form 3X)						E NUMBER: PAGE 8 OF 8											
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(c		k only 21b	ly one) 0 22 23 24 25 -												
			Summary Page			210		22 28a	-	23 28b	┝	24	; -	29	26 30b			
	ny information copied from such Reports and State for commercial purposes, other than using the name																	
\setminus	NAME OF COMMITTEE (In Full)																	
	College of American Pathologists	Political	Action Comr	nitte	e													
<u>А.</u>	Full Name (Last, First, Middle Initial) A. Sun Trust Bank									sburse	əm	ent						
	Mailing Address P.O. Box 85024								05 / D D / Y Y Y Y 2015									
	City	State VA	Zip Code				Transaction ID : SB21B.52814 Amount of Each Disbursement this Period											
	Richmond Purpose of Disbursement Suntrust Moneris ACH Discount	VA	23285	-		_												
	Candidate Name			Cate	eaor	~v/		Amoun	t of	Each	D	Isburs	emen					
	Office Sought: House Disburse	ment For:			ype	<i>J.</i>			-	7	-			41	.90			
	Senate President	Primary Other (spe	General cify) ▼															
	State: District:																	
В.	Full Name (Last, First, Middle Initial) Sun Trust Bank							Date of	f Dis	sburse	əm	ent						
	Mailing Address P.O. Box 85024							^M 05	/	2	20	/		2015	Y			
	City Richmond	State VA	Zip Code 23285					Trans	act	ion ID):	SB21	B.528	15				
	Purpose of Disbursement Suntrust Account Analysis Fee				-			Amoun	t of	Each	D	isburs	emen	t this	Period			
	Candidate Name			Cate T	egor ype	ry/	Amount of Each Disbursement this Period 72.50											
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec																
	State: District:																	
C.	Full Name (Last, First, Middle Initial)							Date of	f Dis			ent			_			
	Mailing Address							M M	/	D	D	/	Y	Ý	Y			
	City	State	Zip Code															
	Purpose of Disbursement										-							
Candidate Name						ry/	Amount of Each Disbursement this Period											
	Senate President	ment For: Primary Other (spe	General cify) ▼									,						
	State: District:								_	_	_							
s	UBTOTAL of Disbursements This Page (optional).					►				,				114	.40			
Т	OTAL This Period (last page this line number only	·)								,		,		114	.40			