

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="405859.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="510666.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8585.00"/>	<input type="text" value="264113.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="519251.34"/>	<input type="text" value="669972.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32440.90"/>	<input type="text" value="183161.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="486810.44"/>	<input type="text" value="486810.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 12 / 01 / 2015 To: 12 / 31 / 2015

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).....	4701.00	222372.00
(ii) Unitemized	3884.00	40866.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8585.00	263238.00
(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)	8585.00	263238.00
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	875.00
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))..... ▶	8585.00	264113.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8585.00	264113.00

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 Expenditures	125.90	1296.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	125.90	1296.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	174050.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	7815.00	7815.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32440.90	183161.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32440.90	183161.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8585.00	263238.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8585.00	263238.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	125.90	1296.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	125.90	1296.80

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

This report contains a "one time" payment check that reimburses the College of American Pathogists for transfers to the PAC Suntrust Bank account. The overage was caused while all PathPac data was transitioned from the Ablaze & Quickbooks software to Oracle EBS software.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 20
	(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"/> 12
		<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. Dr. David A. Bernstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25825 Vermont Ave
 City Harbor City State CA Zip Code 90710-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente-South Bay Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : SA11AI.53549
 Amount of Each Receipt this Period
 150.00

B. Dr Paul S Dickman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path /Lab 1919 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phoenix Children's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.53504
 Amount of Each Receipt this Period
 500.00

C. Dr. Steven P Goetz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1000 4th St SW
 City Mason City State IA Zip Code 50401-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Med Ctr-North Iowa Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11AI.53521
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 20
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dr. Thomas S. Haas DO

Full Name (Last, First, Middle Initial)
Mailing Address Department of Pathology
1000 Mineral Point Ave

City Janesville State WI Zip Code 53548-2940

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

Name of Employer Mercy Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.53538

Amount of Each Receipt this Period
300.00

B. Dr. Bradden W Jensen MD

Full Name (Last, First, Middle Initial)
Mailing Address 2449 NW 15th CIR

City Camas State WA Zip Code 98607-9389

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2015

Transaction ID : SA11AI.53506

Amount of Each Receipt this Period
300.00

C. Dr. Richard H Knierim MD

Full Name (Last, First, Middle Initial)
Mailing Address 11920 NE 39th St

City Bellevue State WA Zip Code 98005-1250

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11AI.53569

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dr. Ronald B Lepoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Clin Lab/MSC A022/Rm LB292
 12401 E 17th Ave
 City Aurora State CO Zip Code 80045-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Colorado Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.53530
 Amount of Each Receipt this Period
 1000.00

B. Dr. Steven Frank O'Sheal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 1st St N Ste 200
 City Alabaster State AL Zip Code 35007-8796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cytology & Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA11AI.53520
 Amount of Each Receipt this Period
 300.00

C. Dr. Leeann M Rock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5812 Western View Pl
 City Mount Airy State MD Zip Code 21771-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frederick Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.53518
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dr. Charles D Sturgis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3107 N Park Blvd
 City Cleveland Heights State OH Zip Code 44118-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **201.00**

Date of Receipt **12 / 29 / 2015**
Transaction ID : SA11AI.53570
 Amount of Each Receipt this Period **101.00**

B. Dr. Caroline Leilani Valdes MD
 Full Name (Last, First, Middle Initial)
 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 Regional Medical Laboratory Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2015**
Transaction ID : SA11AI.53543
 Amount of Each Receipt this Period **500.00**

C. Dr Michael J Waldron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1355 River Bend Dr
 City Dallas State TX Zip Code 75247-4915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Propath Lab Inc Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.53531
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **801.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 11 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dr. R. Bruce Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address One Saint Mary Pl
 City Shreveport State LA Zip Code 71101-4343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTUS Health Shreveport-Bossier Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : SA11AI.53501
 Amount of Each Receipt this Period
 500.00

B. Dr. Edward Truman Wright III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept
 915 Gordon Ave
 City Thomasville State GA Zip Code 31792-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John D Archbold Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.53579
 Amount of Each Receipt this Period
 250.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	4701.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.53580

Amount of Each Disbursement this Period

41.90

Category/
Type

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2015

Transaction ID : SB21B.53581

Amount of Each Disbursement this Period

84.00

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

125.90

125.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SB23.53589

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CARLOS CURBELO CONGRESS

Mailing Address 8724 SW 72ND ST

City MIAMI State FL Zip Code 33173

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : SB23.53582

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address P.O. BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SB23.53590

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB23.53591

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MS District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : SB23.53601

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB23.53584

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KIRK FOR SENATE

Mailing Address P.O. Box 2594

City State Zip Code
CHICAGO IL 60690

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			16			2015					

Transaction ID : SB23.53593

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 2042

City State Zip Code
Topeka KS 66601

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			08			2015					

Transaction ID : SB23.53587

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MCKINLEY FOR CONGRESS

Mailing Address PO BOX 642

City State Zip Code
MORGANTOWN WV 26507

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			16			2015					

Transaction ID : SB23.53594

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SB23.53596

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SB23.53597

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SB23.53598

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999

City State Zip Code
MONTROSS VA 22520

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : SB23.53588

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR CONGRESS

Mailing Address P O BOX 696

City State Zip Code
MADISON WI 53701

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : SB23.53585

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy for Congress

Mailing Address P.O. Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SB23.53599

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 40385

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : SB23.53600

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS INC

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SB23.53586

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3500.00

24500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. College of American Pathologist

Mailing Address 325 Waukegan Road

City Northfield State IL Zip Code 60093

Purpose of Disbursement
Reimburse College of American Pathologists

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SB29.53491

Amount of Each Disbursement this Period

7815.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

7815.00

7815.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB29**

Transaction ID : **SB29.53491**

December 17, 2015

This FEC Filing includes check number 12657 for \$7,815.00 to reimburse the College of American Pathogists for transfers to PAC's Suntrust Bank account. This is a 'one time' payment to CAP to bring the contribution account to the correct balance after all PAC activity from moved from the Ablaze and Quickbooks software.

Form/Schedule:

Transaction ID: