PAGE 1 / 20

Image# 201601299004785401

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other	er Than An Au	uthorized C	ommittee	;		Office Use	Only	
NAME OF COMMITTEE (in fu		PRINT ▼	Exampl over th	e: If typing e lines.	, type	12FE4M	5		
College of Ameri	can Patholog	gists Political	Action Co	mmittee					
ADDRESS (number and s		Street, NW							
Check if differe than previously reported. (ACC	′ ⊾ Washii					DC	20005		
2. FEC IDENTIFICAT	TON NUMBER 1	7 C	CITY 🛦			STATE 🛦	Z	IP COD	DE ▲
C C00274944		3.	IS THIS REPORT	X NE		A (A	MENDED A)		
July 15 Quarterly F October 15 Quarterly F January 31	Report (Q1) (c) Report (Q2) Report (Q3) Report (YE) d-Year on-election (MY)	12-Day PRE-Election Report for the: Seport Management of the Seport for the: An	Constion on Ge	Jul mary (12P)	20 (M5) 1 20 (M6) 20 (M7)	Sep	(12S) (30R)	in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period		01 2015	YYY	through	12	31	2015		
I certify that I have exar Type or Print Name of T		and to the best lichael Misialek Dr	-	dge and be	lief it is tru	ue, correct ar	nd complete).	
Signature of Treasurer	John Michael Mi			ectronically F		Date 01	29	D /	2016
NOTE: Submission of fals	se, erroneous, or ir	ncomplete informat	tion may subjec	t the person	n signing th	nis Report to	T		
Office Use Only								FORI v. 12/20	

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: 12 01 2015 To: 12 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	510666.34				
	(c) Total Receipts (from Line 19)	8585.00	264113.00			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	519251.34	669972.24			
7.	Total Disbursements (from Line 31)	32440.90	183161.80			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	486810.44	486810.44			
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

I Paralista	COLUMN A	COLUMN B			
I. Receipts	Total This Period	Calendar Year-to-Date			
I. Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees		000070.00			
(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			
2. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
Tarty Committee	4				
3. All Loans Received	0.00	0.00			
7. THE ESCHIO PROCEIVED					
	0.00	200			
4. Loan Repayments Received	0.00	0.00			
5. Offsets To Operating Expenditures					
(Refunds, Rebates, etc.)	0.00	0.00			
(Carry Totals to Line 37, page 5)	0.00	0.00			
6. Refunds of Contributions Made					
to Federal Candidates and Other					
Political Committees	0.00	875.00			
7. Other Federal Receipts					
(Dividends, Interest, etc.)	0.00	0.00			
3. 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			
(0) 201111 1 21120 (110111 201120210 110) 1111111	4				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
9. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	8585.00	264113.00			
D. 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. Ope	rating Expenditures: Allocated Federal/Non-Federal	1044 1110 1 01104	Calendar real-to-bate		
	Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	Other Federal Operating				
	Expenditures	125.90	1296.80		
	Total Operating Expenditures				
	(add 21(a)(i), (a)(ii), and (b))▶	125.90	1296.80		
	sfers to Affiliated/Other Party	0.00	0.00		
. Cont	tributions to eral Candidates/Committees				
	Other Political Committees	24500.00	174050.00		
	pendent Expenditures	0.00	0.00		
. Cooi	Schedule E) rdinated Party Expenditures	0.00	0.00		
(2 U	.S.C. §441a(d)) Schedule F)	0.00	0.00		
(400	Consume 1 /	7 7 7			
. Loar	Repayments Made	0.00	0.00		
		0.00	0.00		
. Loar . Refu	ns Made Inds of Contributions To:	0.00	0.00		
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00		
(b)	Political Party Committees	0.00	0.00		
(-)	Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
(d)	Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
. Othe	er Disbursements	7815.00	7815.00		
. Fede	eral Election Activity (2 U.S.C. §431(20))				
	Allocated Federal Election Activity				
	(from Schedule H6)		0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	Federal Election Activity Paid Entirely				
	With Federal Funds	0.00	0.00		
(c)	Total Federal Election Activity (add	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total	Disbursements (add Lines 21(c), 22,				
	24, 25, 26, 27, 28(d), 29 and 30(c))	32440.90	183161.80		
		7			
	Federal Disbursements				
	tract Line 21(a)(ii) and Line 30(a)(ii)	22440.00	183161.80		
irom	Line 31)	32440.90	103101.00		

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)	8585.00	263238.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8585.00	263238.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	125.90	1296.80		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	125.90	1296.80		

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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:

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

FOR LINE NUMBER:					PAGE		7	OF		20
(che	(check only one)									
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	13		14		15		16	6		17

Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)	a Dolitical Action Committee	
College of American Pathologist	S Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. David A. Bernstein MD		Date of Receipt
Mailing Address 25825 Vermont Ave		12 22 2015
City	State Zip Code	Transaction ID : SA11AI.53549
Harbor City	CA 90710-3518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Kaiser Permanente-South Bay	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Paul S Dickman MD		Date of Receipt
Mailing Address Dept of Path /Lab		M = M / D = D / Y = Y = Y
1919 E Thomas Rd	State 7in Cod-	12 04 2015
City	State Zip Code AZ 85016-7710	Transaction ID : SA11AI.53504
Phoenix	AZ 85016-7710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Phoenix Children's Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Steven P Goetz MD		Date of Receipt
Mailing Address Dept of Path 1000 4th St SW		12 09 2015 _
City	State Zip Code	Transaction ID : SA11AI.53521
Mason City	IA 50401-2800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Mercy Med Ctr-North Iowa	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number o	nly)	

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

FOR LINE NUMBER:						PAGE	=	8	OF	20
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee t	
	gists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Thomas S. Haas DO Mailing Address Department of Pathology 1000 Mineral Point Ave City Janesville FEC ID number of contributing federal political committee. Name of Employer Mercy Hospital Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code WI 53548-2940 C Occupation Pathologist Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 12 14 2015 Transaction ID: SA11AI.53538 Amount of Each Receipt this Period 300.00
Dr. Bradden W Jensen MD Mailing Address 2449 NW 15th CIR City Camas FEC ID number of contributing federal political committee. Name of Employer Unaffiliated Receipt For: Primary General Other (specify)	State Zip Code WA 98607-9389 C Occupation Pathologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt 12 04 2015 Transaction ID : SA11AI.53506 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Richard H Knierim MD Mailing Address 11920 NE 39th St City Bellevue FEC ID number of contributing federal political committee. Name of Employer unaffiliated Receipt For: Primary General Other (specify)	State Zip Code WA 98005-1250 C Occupation Pathologist Aggregate Year-to-Date ▼ 800.00	Date of Receipt 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 num	ber only)	

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

FOR LINE NUMBER:						PAGE	9	OF	20
(cl	nec	ck only							
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologist	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Ronald B Lepoff MD Mailing Address Clin Lab/MSC A022/Rm LB292	2	Date of Receipt
12401 E 17th Ave	Olada Zin Onda	12 11 2015
City	State Zip Code CO 80045-2548	Transaction ID : SA11AI.53530
Aurora	CO 80045-2548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Univ of Colorado Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Steven Frank O'Sheal MD		Date of Receipt
Mailing Address 1004 1st St N Ste 200	Ctoto 7 in Onlin	12 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.53520
Alabaster	AL 35007-8796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Cytology & Pathology Services	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) C. Dr. Leeann M Rock MD		Date of Receipt
Mailing Address 5812 Western View PI		12 07 2015
City	State Zip Code	Transaction ID : SA11AI.53518
Mount Airy	MD 21771-5802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Frederick Mem Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number of	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

Use separate schedule(s) (check of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		10	OF	20
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	X	11a		11b		11c		12		
		13		14		15		16	;	17

or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologist	s Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Charles D Sturgis MD Mailing Address 3107 N Park Blvd		Date of Receipt
		12 29 2015
City Cleveland Heights	State Zip Code OH 44118-4115	Transaction ID : SA11AI.53570 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	101.00
Name of Employer Cleveland Clinic Receipt For:	Occupation Pathologist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	201.00	
Full Name (Last, First, Middle Initial) 3. Dr. Caroline Leilani Valdes MD Mailing Address 609 W Commercial St		Date of Receipt
Mailing Address 608 W Commercial St		12 16 2015
City Victoria	State Zip Code TX 77901-6302	Transaction ID : SA11AI.53543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Regional Medical Laboratory	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michael J Waldron MD		Date of Receipt
Mailing Address 1355 River Bend Dr		12 11 2015
City Dallas	State Zip Code TX 75247-4915	Transaction ID : SA11Al.53531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Propath Lab Inc Receipt For:	Pathologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)		801.00
TOTAL This Period (last page this line number o	nlv)	

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

20

for each category of the Detailed Summary Page 13 14 15 16 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) Dr. R. Bruce Williams MD Date of Receipt Mailing Address One Saint Mary PI 2015 12 02 City Zip Code State Transaction ID: SA11AI.53501 Shreveport LA 71101-4343 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation CHRISTUS Health Shreveport-Bossier Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Edward Truman Wright III MD Date of Receipt Mailing Address Path Dept 915 Gordon Ave 12 31 2015 City State Zip Code Transaction ID: SA11AI.53579 GA Thomasville 31792-6614 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation John D Archbold Memorial Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 4701.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)					
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	, I (CITCON OIT	• /		
	Detailed Summary Page			23 24 25 26 28b 28c 29 30b	
Г			28a		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
College of American Pathologists F	Political Action Cor	mmittee			
Full Name (Last, First, Middle Initial)					
A. Sun Trust Bank			Date of Di	isbursement	
Mailing Address P.O. Box 85024			12	04 2015	
City	State Zip Code		Transact	tion ID : SB21B.53580	
Richmond	VA 23285		ITALISACI	.ion iD . 3B2 i B.33360	
Purpose of Disbursement Suntrust Moneris ACH Fee			Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		41.90	
Office Sought: House Disburser	ment For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
B. Sun Trust Bank			Date of Di	isbursement	
Matter Address B. C. B.			M M /	D D / Y Y Y Y	
Mailing Address P.O. Box 85024			12	18 2015	
,	State Zip Code		Transact	tion ID : SB21B.53581	
Richmond Purpose of Disbursement	VA 23285		_		
Suntrust Account Analysis Fee			Amount of	Each Disbursement this Period	
Candidate Name		Category/			
		Type		84.00	
Office Sought: House Disburser	ment For:	-	1		
Senate	Primary General				
President	Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
C.			Date of Di	isbursement	
			M M /	D D / Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement		Т			
rulpose of disbursement					
Candidate Name			Amount of	Each Disbursement this Period	
		Category/ Type			
Office Sought: House Disburser	ment For:			, , , , , , , , , , , , , , , , , , , ,	
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				125.90	
COSTOTAL OF BISBURGOTHORIS THIS Fage (optional)					
TOTAL This Period (last page this line number only))		L	125.90	

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 13 OF 20
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER.
II LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and State	nents may not be sold or use	d by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
College of American Pathologists	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial)			
A. BECERRA FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 71584			12 16 2015
City	State 7in Code		
Los Angeles	State Zip Code CA 90071		Transaction ID: SB23.53589
Purpose of Disbursement	90071		
Talpood of Dissalsonion.			Amount of Each Disbursement this Period
Candidate Name			
•		Category/ Type	1000.00
Office Sought:	ment For: 2016	.,,,,	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 34	,		
Full Name (Last, First, Middle Initial)			
B. CARLOS CURBELO CONGRESS			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address 8724 SW 72ND ST			12 02 2015
	State Zip Code		Transaction ID : SB23.53582
MIAMI	FL 33173		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Dispursement this Fellou
Candidate Name		Category/	1000.00
Office Sought:	ment For: 2016	Туре	
Senate Seaght.	Primary General		
President	Other (specify)		
State: FL District: 26	(open)) V		
Full Name (Last, First, Middle Initial)			
c. COLLINS FOR CONGRESS			Date of Disbursement
COLLING FOR CONCRESS			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 386			12 16 2015
	State Zip Code		Transaction ID : SB23.53590
CLARENCE	NY 14031		andudion ib . obzolodo
Purpose of Disbursement			
Ossal'data Nassa			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought:	ment For: 2016	Туре	7
Office Sought: House Dispurse			
President X	Primary General Other (specify) ▼		
State: NY District: 27	onioi (specify) ▼		
21			
SUBTOTAL of Disbursements This Page (optional)			3000.00
CODITOTAL OF DISDUISEMENTS THIS Page (Optional)		·····	
TOTAL This Period (last page this line number only			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	14 C	OF 20
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the) (check only	one)				
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	30
Any information copied from such Reports and Statem	nents mav	not be sold or us						
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)			1					
College of American Pathologists P	'olitical	Action Com	nmittee					
Full Name (Last, First, Middle Initial)								
A. Gene Green Congressional Campa	Date of	f Disburse	ment					
Mailing Address B.O. Berr 40400				12			Y Y 2015	Υ
Mailing Address P.O. Box 16128				12	16	<u> </u>	2015	
	State	Zip Code	_	Trans	action ID	: SB23.535	91	
Houston Purpose of Disbursement	TX	77222		ı all\$	עו ווייייייי	0.033		
י מיקטיסט טי בייסטוויספווופוונ				Amount	of Each	Disburseme	nt this F	Period
Candidate Name			Category/	, 411				
			Type				1000	.00
Office Sought: House Disbursem								
	Primary Other (spe	General ecify) •						
State: TX District: 29	(opt	<i>,,</i> ▼						
Full Name (Last, First, Middle Initial)								
B. GREGG HARPER FOR CONGRES	SS			Date of	f Disburse	ment		
Molling Address				M = M			Y Y	Υ
Mailing Address POST OFFICE BOX 54344				12	2		2015	_
•	State	Zip Code		Trans	action ID	: SB23.536	01	
PEARL Purpose of Disbursement	MS	39288						
. _F 132 2. 2.000.000000				Amount	t of Each	Disburseme	nt this F	² eriod
Candidate Name			Category/				-	_
Office County Indian			Type				2500	.UU
Office Sought: House Disbursem								
	Primary Other (spe	General ecify)						
State: MS District: 03	(opt	<i>→</i> / ▼		_	_	_	_	_
Full Name (Last, First, Middle Initial)								
C. GUTHRIE FOR CONGRESS				Date of	f Disburse			
Mailing Address P.O. Box 9639				M ■ M	02		2015	Υ
•	State	Zip Code		Trans	action ID	: SB23.535	84	
Bowling Green Purpose of Disbursement	KY	42102						
				Amount	of Fach	Disburseme	nt thic F	² erind
Candidate Name	Candidate Name				, J. Lauli	5541361116		-
2//			Category/ Type				1000	.00
Office Sought: House Disbursem								
	Primary Other (spe	General						
State: KY District: 02	or (opt	▼						
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SUBTOTAL of Disbursements This Page (optional)							4500.	.00
TOTAL This Period (last page this line number only).						1 40 -		

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SCHEDULE B (FEC Form 3X)	Llos congrete cohadula/a	FOR LINE I		PAGE 15 OF 20
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Comm	ittee		
Full Name (Last, First, Middle Initial)			Date of Disbursemen	
A. KIRK FOR SENATE			M M / D D	/ Y Y Y Y
Mailing Address P.O. Box 2594			12 16	2015
CHICAGE	State Zip Code IL 60690		Transaction ID : SB	23.53593
Purpose of Disbursement			Amount of Each Disb	ursement this Period
Candidate Name		Category/ Type		2500.00
	nent For: 2016 Primary General Other (specify)			
State: IL District: 00				
Full Name (Last, First, Middle Initial) B. LYNN JENKINS FOR CONGRESS	3		Date of Disbursemen	t / Y = Y = Y = Y
Mailing Address P.O. BOX 2042			12 08	2015
Topeka	State Zip Code KS 66601		Transaction ID : SE	23.53587
Purpose of Disbursement			Amount of Each Disb	ursement this Period
Candidate Name		Category/ Type		2500.00
	nent For: 2016 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. MCKINLEY FOR CONGRESS			Date of Disbursemen	
Mailing Address PO BOX 642			12 16	2015
City S MORGANTOWN	State Zip Code WV 26507		Transaction ID : SE	23.53594
Purpose of Disbursement	1			
Candidate Name		Category/ Type	Amount of Each Disb	ursement this Period 1000.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)		, , ,	,
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TOTAL This Period (last page this line number only)				

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	Full Name (Last, First, Middle Initial)													
Α.	PALLONE FOR CONGRESS						Date o	f Dis	burse	ment				
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	State: NJ District: 06													
	Full Name (Last, First, Middle Initial)													
В.	PEOPLE FOR PATTY MURRAY U	IS SEN	IATE CAMP	AIG	V		Date o	f Dis	burse	ment				
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	Mailing Address PO BOX 3662						12		16	6		2015		
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	,	State WA	Zip Code 98124				Trans	sacti	on ID	: SB2	3.5359	7		
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	Office Sought: House Disbursen	nent For:	2016		-									
	▼ Senate	Primary	General											
	President	Other (spe	ecify) 🔻											
	State: WA District: 00													
	Full Name (Last, First, Middle Initial)													
C.	RICHARD BURR COMMITTEE						Date o	f Dis	burse	ment				
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	Mailing Address POST OFFICE BOX 5928						12		16	5	2	2015	_	
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	-	NC	27113				Trans	sacti	on ID	: SB2	3.5359	8		
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	for commercial purposes, other than using the nam													
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	College of American Pathologists F	Political	Action Com	mitte	е									
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	Full Name (Last, First, Middle Initial)							, -						
A.	ROB WITTMAN FOR CONGRESS						Date o	t Dis	burse	ment				
	Mailing Address PO BOX 999						M = M	/	08	_		y	Y	
	Walling Address PO BOX 999						12	-	Ü	,		2013		
	City	State	Zip Code											
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	Senate President	Primary Other (spe	General											
	State: VA District: 01	Other (spe	city) \blacktriangledown											
_	Full Name (Last, First, Middle Initial)													
В.	TAMMY BALDWIN FOR CONGRE	SS					Date o	f Dis	burse	ment				
	TAININT BALBWINT OR GOINGRE	.00					M M		D	D /	Y	Y Y	Υ	
	Mailing Address P O BOX 696						12		02	_		2015		
	,	State	Zip Code				Trans	sacti	on ID	: SB2	3.5358	85		
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	Office Sought:	nent For:	2016		7100						,			
	Senate	Primary	General											
	President	Other (spe	ecify) 🔻											
	State: WI District: 02													
	Full Name (Last, First, Middle Initial)													
C.	Tim Murphy for Congress						Date o	f Dis	burse	ment				
	Matter Address B.O.B. 04774						M M	/	D			Y Y	Υ	
	Mailing Address P.O. Box 24551						12	-	16)		2015		
	City	State	Zip Code											
		PA	15234				Trans	sacti	on ID	: SB2	3.5359	9		
	Purpose of Disbursement				-	_								
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Office Sought: House Disbursem				Т	ype				,		7	100	0.00	
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г	OIX DIGITOR 10													_
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAG	GE 18 OF 20
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		25 26 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	, p			
College of American Pathologists P	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. TUESDAY GROUP POLITICAL AC	CTION COMMITTE	Ξ	Date of Disbursement	YYYY
Mailing Address PO BOX 40385			12 16	2015
	State Zip Code		Transaction ID : SB23.53	600
	DC 20016			
Purpose of Disbursement			Amount of Each Disbursem	nent this Period
Candidate Name		Category/ Type		1000.00
Senate	nent For: 2015 Primary General Other (specify) The state of the s			
State: District:	OTHER			
Full Name (Last, First, Middle Initial) 3. WALDEN FOR CONGRESS INC			Date of Disbursement	
Mailing Address PO Box 1091			12 02 Y	2015
Hood River	State Zip Code OR 97031		Transaction ID : SB23.53	586
Purpose of Disbursement			Amount of Each Disbursem	nent this Period
Candidate Name		Category/ Type		2500.00
Senate President	nent For: 2016 Primary General Other (specify)			
State: OR District: 02 Full Name (Last, First, Middle Initial)				
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SUBTOTAL of Disbursements This Page (optional)		·····		3500.00
TOTAL This Period (last page this line number only).				24500.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE	19 OF 20
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		25 26 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		d by any perso	n for the purpose of soliciting c	ontributions
NAME OF COMMITTEE (In Full)	e and address of any politica	i committee to	SOlicit Contributions from Such C	ommuee.
College of American Pathologists P	Political Action Comm	nittee		
Full Name (Last, First, Middle Initial)				
College of American Pathologist				Y Y Y
Mailing Address 325 Waukegan Road	To Oods		12 17 2	2015
City S Northfield	State Zip Code IL 60093		Transaction ID : SB29.5349	1
Purpose of Disbursement Reimburse College of American Pathogists	33333		Amount of Each Disbursemer	nt this Period
Candidate Name	,	Category/ Type		7815.00
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
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Full Name (Last, First, Middle Initial) C.			Date of Disbursement	Y
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SUBTOTAL of Disbursements This Page (optional)		·····•		7815.00
TOTAL This Period (last page this line number only).				7815.00

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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: