

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

College of American Pathologists Political Action Committee

ADDRESS (number and street) 1001 G Street NW  
Suite 425 West  
Washington DC 20001  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00274944

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

- Quarterly Reports:
  - April 15 Quarterly Report (Q1)
  - July 15 Quarterly Report (Q2)
  - October 15 Quarterly Report (Q3)
  - January 31 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
  - Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 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)

- (c) 12-Day PRE-Election Report for the:
  - Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on / /  in the State of

- (d) 30-Day POST-Election Report for the:
  - General (30G)
  - Runoff (30R)
  - Special (30S)

Election on / /  in the State of

5. Covering Period / /  2018 through / /  2018

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

Signature of Treasurer *Konnick, Eric, , Dr., MD,MS* [Electronically Filed] Date / /  2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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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="2018"/>	<input type="text" value="435671.14"/>	<input type="text" value="435671.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="453343.14"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="46215.00"/>	<input type="text" value="63946.00"/>
(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="499558.14"/>	<input type="text" value="499617.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30815.00"/>	<input type="text" value="30874.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="468743.14"/>	<input type="text" value="468743.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43350.00	59856.00
(ii) Unitemized .....	2865.00	4090.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	46215.00	63946.00
(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) .....	46215.00	63946.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	46215.00	63946.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46215.00	63946.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	65.00	124.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	65.00	124.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30750.00	30750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30815.00	30874.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30815.00	30874.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46215.00	63946.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46215.00	63946.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	65.00	124.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.00	124.00

**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 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Ahmad, Bilal, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Forsyth Medical Center  
 3333 Silas Creek Pkwy

City Winston Salem State NC Zip Code 27103

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

Name of Employer (for Individual) Pathologists Diagnostic Lab PA Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56111**

Amount of Each Receipt this Period 300.00

Memo Item

**B. Alvarez, Victor, M., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2045 S 14th Ave Unit 17

City Yuma State AZ Zip Code 85364-6286

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

Name of Employer (for Individual) Yuma Reg Med Ctr Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56159**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Atkinson, Janis, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
 355 Ridge Ave

City Evanston State IL Zip Code 60202-3328

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

Name of Employer (for Individual) Presence St Francis Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56083**

Amount of Each Receipt this Period 250.00

Memo Item

**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 7 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Bachner, Paul, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path & Lab Med  
 800 Rose St MSC 112  
 City Lexington State KY Zip Code 40536-0298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Kentucky Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56160**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bandarchi-Chamkhaleh, Bizhan, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11709 Seminole CIR  
 City Porter Ranch State CA Zip Code 91326-1423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Specialty Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56084**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Barbeau, James, M, Dr., MD, JD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 1901 Perdido St Rm 5143  
 City New Orleans State LA Zip Code 70112-1393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lifespan Academic Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56086**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<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. Batt, Margaret, A., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9352 Park West Blvd  
 City Knoxville State TN Zip Code 37923-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parkwest Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56112**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Bedrnicek, Jiri, Biorn, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address The Pathology Ctr 8303 Dodge St  
 City Omaha State NE Zip Code 68114-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Methodist Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56113**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Billman Jr, James, K, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1520 7th St Fl 6  
 City Moline State IL Zip Code 61265-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quad Cities Pathologists LLC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56087**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Boutsos, Eleni, P, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 278 COE Rd  
 City Clarendon Hills State IL Zip Code 60514-1064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Adventist Midwest Hlth dba Adventist L Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.56114**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cao, Jeffrey, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path AH 301 11021 Campus St  
 City Loma Linda State CA Zip Code 92350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Loma Linda Univ Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.56115**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cardona, Diana, Marcella, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1144 Pebble Creek Xing  
 City Durham State NC Zip Code 27713-8959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 10 / 2018**  
**Transaction ID : SA11AI.56082**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Carlile, Brian, Keith, Dr., DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pathology  
 1400 8th Ave  
 City Fort Worth State TX Zip Code 76104-4110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor-All Saints Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2018  
**Transaction ID : SA11AI.56075**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Carr, Matthew, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2267 Sunset Bluff Dr  
 City Holland State MI Zip Code 49424-2386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holland Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2018  
**Transaction ID : SA11AI.56107**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Caruso, James, L., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6763 Tremolite Dr  
 City Castle Rock State CO Zip Code 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical Examiners Office Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56117**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Craig, James, P, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Lab Path  
 900 E Oak Hill Ave  
 City Knoxville State TN Zip Code 37917-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovative Pathology Services Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : SA11AI.56164**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Davey, Diane, Davis, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9885 Leland Dr  
 City Orlando State FL Zip Code 32827-5745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCF College of Medicine Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : SA11AI.56088**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Dombrowski, Anthony, M., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Section of Path  
 500 Remington Blvd  
 City Bolingbrook State IL Zip Code 60440-4906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Adventist Bolingbrook Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : SA11AI.56089**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Dry, Jane, Katherine, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address DEpt of Path  
 1978 Industrial Blvd  
 City Houma State LA Zip Code 70363-7055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leonard J. Chabert Med Ctr Occupation (for Individual) 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  
 02 / 21 / 2018  
**Transaction ID : SA11AI.56118**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dugan, Michael, C, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 W Del Mar Blvd Ste 203  
 City Pasadena State CA Zip Code 91105-2505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2018  
**Transaction ID : SA11AI.56119**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Edgerton, Neil, H, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2675 Oak Park TRL  
 City Decatur State GA Zip Code 30033-2217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rockdale Medical Center Occupation (for Individual) 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  
 02 / 12 / 2018  
**Transaction ID : SA11AI.56090**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Eldin, Karen, Wiedemann, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
6621 Fannin St Ab1195

City Houston State TX Zip Code 77030-2303

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

Name of Employer (for Individual) Texas Childrens Hosp Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56121**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Eriksen, Brenda, Lee, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
901 MacArthur Blvd

City Munster State IN Zip Code 46321-2901

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

Name of Employer (for Individual) The Community Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56168**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Fitzpatrick, Brendan, T, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
1600 Haddon Ave

City Camden State NJ Zip Code 08103-3101

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

Name of Employer (for Individual) Our Lady of Lourdes Med Ctr Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 02 / 2018  
**Transaction ID : SA11AI.56076**

Amount of Each Receipt this Period 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
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NAME OF COMMITTEE (In Full)  
**College of American Pathologists Political Action Committee**

**A. Goldfischer, Michael, Jean, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Path Dept  
30 Prospect Ave

City Hackensack      State NJ      Zip Code 07601-1914

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

Name of Employer (for Individual) Hackensack Univ Med Ctr      Occupation (for Individual) Pathologist

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2018  
**Transaction ID : SA11AI.56123**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1760 Woodside Cir

City Tupelo      State MS      Zip Code 38801-7927

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

Name of Employer (for Individual) North Mississippi Med Ctr      Occupation (for Individual) Pathologist

Receipt For:  Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2018  
**Transaction ID : SA11AI.56091**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Hammock, Lauren, A, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 72059

City Eugene      State OR      Zip Code 97401-0285

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

Name of Employer (for Individual) Pathology Consultants PC      Occupation (for Individual) Pathologist

Receipt For:  Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2018  
**Transaction ID : SA11AI.56169**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harding III, Clarke, T, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1139 W Tenaya Way  
 City Fresno State CA Zip Code 93711-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Associates Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : SA11AI.56171**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Heese, Jason, Paul, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 900 Illinois St  
 City Stevens Point State WI Zip Code 54481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Michael's Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : SA11AI.56092**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Hickey, William, F., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path/Borwell Bldg 1 Medical Center Dr  
 City Lebanon State NH Zip Code 03756-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dartmouth Med School Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : SA11AI.56172**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<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. Juengel, Randal, Carl, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept Of Pathology  
4401 S Western Ave

City Oklahoma City State OK Zip Code 73109-3413

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

Name of Employer (for Individual) Integris Southwest Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56174**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Karcher, Donald, Steven, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4295 Hawthorne Ridge Farm Ln

City Harwood State MD Zip Code 20776-2701

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

Name of Employer (for Individual) George Washington Univ Med Ctr Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2018  
**Transaction ID : SA11AI.56156**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Kenyon, Lawrence, C., Dr., MD, PhD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 S 10th St

City Philadelphia State PA Zip Code 19107-5244

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

Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56126**

Amount of Each Receipt this Period 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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 17 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kenyon, Lawrence, C., Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 132 S 10th St  
 City Philadelphia State PA Zip Code 19107-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56175**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Krauss, Jonathan, Seth, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Physical Mailing Address 911 Stanton Dr  
 City North Augusta State SC Zip Code 29841-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCG (emeritus) GRU GHSU Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56093**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Krauss, Jonathan, Seth, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Physical Mailing Address 911 Stanton Dr  
 City North Augusta State SC Zip Code 29841-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCG (emeritus) GRU GHSU Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56128**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Leonard, Debra, G.B., Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path and Lab Med  
 111 Colchester Ave Rm M1-113A

City Burlington State VT Zip Code 05405

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

Name of Employer (for Individual) University of Vermont Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56130**

Amount of Each Receipt this Period 2500.00

Memo Item

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

Mailing Address 1701 SE Hillmoor Dr Ste C-11

City Port Saint Lucie State FL Zip Code 34952-7541

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

Name of Employer (for Individual) St Lucie Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56131**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Martin, Alvin, W., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Cpa Laboratory  
 2307 Greene Way

City Louisville State KY Zip Code 40220-4009

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

Name of Employer (for Individual) Norton Healthcare Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56133**

Amount of Each Receipt this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mattioli, Carlos, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 Wichita Ave Apt 501  
 City McAllen State TX Zip Code 78503-3042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Regional Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56134**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. McCoy Jr, Franklin, E, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 1301 15th Ave W  
 City Williston State ND Zip Code 58801-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Medical Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56176**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Melin, Bruce, Daniel, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 401 E Spruce St  
 City Garden City State KS Zip Code 67846-5679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Catherine Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56135**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Moad, John, C, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2534 Millville Shandon Rd  
 City Hamilton State OH Zip Code 45013  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Dermatopathology Laboratory of Central Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56136**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Murphy, Karla, K., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Plaza 3  
 1315 S Cliff Ave Ste 4100  
 City Sioux Falls State SD Zip Code 57105  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Physicians Laboratory Ltd Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2018  
**Transaction ID : SA11AI.56154**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. O'Sheal, Steven, Frank, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Cytology & Pathology Services Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56139**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Paulson, James, Arthur, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 Anthwyn Rd  
 City Narberth State PA Zip Code 19072-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bryn Mawr Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56140**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Pena, Elpidio, De Jesus, Dr., MD, MA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1520 Goddard Ave  
 City Louisville State KY Zip Code 40204-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norton & Norton Children's Hospitals Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56179**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Plotz, Richard, D, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 11th St  
 City Providence State RI Zip Code 02906-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harvard Vanguard Med Associates Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56141**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Power, William, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3132 Rowena Dr  
 City Los Alamitos State CA Zip Code 90720-5230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brotman Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56180**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Puckett, Thomas, G, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 421 S 28th Ave Ste 310  
 City Hattiesburg State MS Zip Code 39401-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hattiesburg Clinic Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56095**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Richard, James, Edward, Dr., DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3392 Patient Care Drive  
 City Lansing State MI Zip Code 48911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sparrow Health System Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56143**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Robboy, Stanley, J., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 Circle Park Place  
 City Chapel Hill State NC Zip Code 27517-8163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Health System Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.56145**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Schnabel, James, Joseph, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 NW Expressway  
 City Oklahoma City State OK Zip Code 73112-4999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Integris Baptist Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : SA11AI.56181**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Schwartz, Mary, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path and Genomic Medicine Main Bldg Ste 227 6565 Fannin St  
 City Houston State TX Zip Code 77030-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Houston Methodist Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : SA11AI.56097**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Schweitzer, John, , B., Dr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Pathology  
PO Box 70568

City Johnson City State TN Zip Code 37614-0568

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

Name of Employer (for Individual) East Tennessee State Univ Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56182**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Selvaggi, Suzanne, M, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Clinical Laboratories  
600 Highland Ave

City Madison State WI Zip Code 53792-0001

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

Name of Employer (for Individual) Univ of Wisconsin Hosp & Clinics Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56147**

Amount of Each Receipt this Period 2000.00

Memo Item

**C. Skitarelic, Kathryn, Frances, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 14th Fairway Ct

City Morgantown State WV Zip Code 26508-4575

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

Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56098**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Slonaker III, Charles, Edward, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24410 Oaklawn Plantation Rd  
 City Pass Christian State MS Zip Code 39571-8969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mem Hosp at Gulfport Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : SA11AI.56099**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Sochacki, Paula, A, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4646 John R St  
 City Detroit State MI Zip Code 48201-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Medical Center-Detroit Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : SA11AI.56100**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Sparacino, Maria, Grazia, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 hwy 8 east  
 City cleveland State MS Zip Code 38732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bolivar Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.56148**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Steele, Paul, Edward, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Path & Lab Med MLC 1010  
 3333 Burnet Ave  
 City Cincinnati State OH Zip Code 45229-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cincinnati Childrens Hosp Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56149**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Van Boven, Melvin, J., Dr., DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 S Jackson Ave Ste 305  
 City Tulsa State OK Zip Code 74127-9057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSU Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56150**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Vanhoose, John, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 W Bayou Pines Dr  
 City Lake Charles State LA Zip Code 70601-7077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56151**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wessels, Robert, A., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Fm 1960 Rd W  
 City Houston State TX Zip Code 77090-3402  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Houston Northwest Med Ctr Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : SA11AI.56184**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Wojno, Kirk, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31157 Woodward Ave  
 City Royal Oak State MI Zip Code 48073  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 Comprehensive Urology Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.56153**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Wright, John, Andrew, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 S George St  
 City York State PA Zip Code 17403-3676  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 York Hospital Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.56101**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yang, Changgao, , Dr., MD, PhD

Mailing Address 3030 Old Ranch Pkwy Ste 430

City Seal Beach	State CA	Zip Code 90740-2751
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Sterling Pathology National Lab	Occupation (for Individual) Pathologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2018

**Transaction ID : SA11AI.56080**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	43350.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BUDDY CARTER FOR CONGRESS**

Mailing Address 200 E ST JULIAN ST  
SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2018

FEC Identification Number

**C** C00543967

**Transaction ID : SB23.56065**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUDDY CARTER FOR CONGRESS**

Mailing Address 200 E ST JULIAN ST  
SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2018

FEC Identification Number

**C** C00543967

**Transaction ID : SB23.56066**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD, 2ND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

**C** C00349217

**Transaction ID : SB23.56053**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR RUSH**

Mailing Address P.O. BOX 7292

City  
CHICAGO

State  
IL

Zip Code  
60680

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	8

FEC Identification Number

**C** C00257121

**Transaction ID : SB23.56067**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST STATE PAC**

Mailing Address P.O. Box 3006

City  
Wilmington

State  
DE

Zip Code  
19804

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) OTHER

State: District:

Date of Disbursement

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

FEC Identification Number

**C** C00363648

**Transaction ID : SB23.56055**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM CLYBURN**

Mailing Address P.O. BOX 12567

City  
COLUMBIA

State  
SC

Zip Code  
29211

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	8

FEC Identification Number

**C** C00255562

**Transaction ID : SB23.56068**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GEORGIANS FOR ISAKSON**

Mailing Address P.O. BOX 250116  
SUITE 1100

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

**C** C00384693

**Transaction ID : SB23.56056**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GEORGIANS FOR ISAKSON**

Mailing Address P.O. BOX 250116  
SUITE 1100

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

**C** C00384693

**Transaction ID : SB23.56057**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

**C** C00372532

**Transaction ID : SB23.56058**

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	8

FEC Identification Number

**C** C00372532

**Transaction ID : SB23.56069**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress**

Mailing Address P.O. Box 713

City  
Wheaton

State  
IL

Zip Code  
60189

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	8

FEC Identification Number

**C** C00410969

**Transaction ID : SB23.56070**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address P.O. BOX 3154

City  
WEST CHESTER

State  
PA

Zip Code  
19381

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

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

FEC Identification Number

**C** C00554899

**Transaction ID : SB23.56061**

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

5750.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2018

FEC Identification Number

C C00327023

Transaction ID : SB23.56071

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STABENOW FOR US SENATE**

Mailing Address 426 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MI District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2018

FEC Identification Number

C C00344473

Transaction ID : SB23.56072

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. STABENOW FOR US SENATE**

Mailing Address 426 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MI District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2018

FEC Identification Number

C C00344473

Transaction ID : SB23.56073

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. TERRI SEWELL FOR CONGRESS**

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

**C** C00458976

**Transaction ID : SB23.56059**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TONY CARDENAS FOR CONGRESS**

Mailing Address 249 E. OCEAN BLVD  
SUITE 685

City LONG BEACH State CA Zip Code 90802

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify)  
 State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2018

FEC Identification Number

**C** C00498873

**Transaction ID : SB23.56062**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC**

Mailing Address ONE PARK ROW 5TH FLOOR

City PROVIDENCE State RI Zip Code 02903

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2018

FEC Identification Number

**C** C00570101

**Transaction ID : SB23.56063**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. WALTERS FOR CONGRESS**

Mailing Address 9070 IRVINE CENTER DRIVE  
#150

City IRVINE State CA Zip Code 92618

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 45

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

**C** C00546853

**Transaction ID : SB23.56060**

Amount of Each Disbursement this Period

1500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

1500.00

30750.00