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FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	For Other Than An Aut	horized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	5
College of American P	athologists Political A	Action Committee	1 1 1 1 1 1	
ADDRESS (number and street)	1350 I Street, NW			
Check if different than previously reported. (ACC)	Washington		DC	20005
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	ГУ▲	STATE ▲	ZIP CODE A
C C00274944		S THIS NEV	OR AI	MENDED N)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Quarterly Report (Parameter) Report (Non-election Year Only) (MY)  Termination Report (TER)	Report Due On:  Mar  Apr  (c) 12-Day PRE-Election Report for the:  (d) 30-Day	20 (M3) Jun 20 (M4) Jul 3 Primary (12P) Convention (120)	20 (M6) Sep 20 (M7) Oct	in the State of
5. Covering Period 07			M M / D D 0 31	State of 2016
I certify that I have examined th	•	my knowledge and beli	ef it is true, correct an	d complete.
Type or Print Name of Treasure	John Michael Misialek Dr.			
Signature of Treasurer John	Michael Misialek Dr.	[Electronically Fi	ded] Date 08	15 / 2016
NOTE: Submission of false, errone	eous, or incomplete informatio	n may subject the person	signing this Report to t	the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

## 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: 07 01 2016 To: 07 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2016		486810.44
	(b) Cash on Hand at Beginning of Reporting Period	505747.54	
	(c) Total Receipts (from Line 19)	15325.00	160556.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	521072.54	647366.44
7.	Total Disbursements (from Line 31)	10087.40	136381.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	510985.14	510985.14
9.	Debts and Obligations Owed <b>TO</b> 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. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees							
(i) Itemized (use Schedule A)	12600.00	140610.00					
(ii) Uniternized	2725.00	19946.00					
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	15325.00	160556.00					
(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		100550.00					
Totals to Line 33, page 5)  Transfers From Affiliated/Other	15325.00	160556.00					
Party Committees	0.00	0.00					
. All Loans Received	0.00	0.00					
. Loan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures (Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
to Federal Candidates and Other Political Committees	0.00	0.00					
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00					
. 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					
. Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c))▶	15325.00	160556.00					
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	15325.00	160556.00					

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disburse		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures</li> <li>(a) Allocated Federal/ Activity (from School</li> </ol>	Non-Federal		
- ·	9	0.00	0.00
(ii) Non-Federal	Share	0.00	0.00
(b) Other Federal Ope			
•	(nonditure)	87.40	731.30
(c) Total Operating Extra (add 21(a)(i), (a)(i	i), and (b))	87.40	731.30
22. Transfers to Affiliated/C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00	0.00
Committees3. Contributions to		0.00	0.00
Federal Candidates/Co and Other Political Co	mmittees mmittees	10000.00	135150.00
4. Independent Expenditu		0.00	0.00
(use Schedule E) 25. Coordinated Party Exp	enditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
06 Loon Donoumente Mar	10	0.00	0.00
6. Loan Repayments Mad	JE	7	
27. Loans Made 28. Refunds of Contributio		0.00	0.00
(a) Individuals/Person		0.00	500.00
		7	
	mmittees	0.00	0.00
· /		0.00	0.00
(d) Total Contribution	Pofunde		
<b>\</b> /	(b), and (c))▶	0.00	500.00
Ollow Birth annual			0.00
29. Other Disbursements		0.00	0.00
0. Federal Election Activit			
(a) Allocated Federal (from Schedule H	•		
		0.00	0.00
(ji) III ovinii Oharr		0.00	0.00
(ii) "Levin" Share (b) Federal Election A		0.00	7 7 7
With Federal	Funds	0.00	0.00
, ,	tion Activity (add (a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (a 23, 24, 25, 26, 27, 28)		10007.40	136381.30
_0,, _0, _0, _1, _2,	(-), -0 33 00(0))	10087.40	130301.30
2. Total Federal Disburse			
(subtract Line 21(a)(ii) from Line 31)		10087.40	136381.30

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15325.00	160556.00
4. Total Contribution Refunds (from Line 28(d))	0.00	500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15325.00	160056.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	87.40	731.30
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	87.40	731.30

FOR LINE NUMBER: **PAGE** 6 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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. Mett B Ausley Jr MD Date of Receipt Mailing Address 500 Jefferson St 2016 City Zip Code State Transaction ID: SA11AI.54185 NC Whiteville 28472-3634 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Columbus Regional Healthcare System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Maureen S Bauer MD Date of Receipt Mailing Address 705 South Bend Dr 07 2016 11 City State Zip Code Transaction ID: SA11AI.54186 NC Durham 27713-6194 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation **Duke University Hospital** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr Cathy O Blight MD Date of Receipt Mailing Address Dept of Path 07 11 2016 1 Hurley Plz City State Zip Code Transaction ID: SA11AI.54190 MI Flint 48503-5902 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Hurley Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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. James B Cash Sr MD Date of Receipt Mailing Address 2693 Forest Hills Rd SW Ste B 2016 City Zip Code State Transaction ID: SA11AI.54191 NC Wilson 27893-8611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Eastern Carolina Pathology Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Bradford Scott Collins MD Date of Receipt Mailing Address Dept of Path 955 Ribaut Rd 07 2016 11 City State Zip Code Transaction ID: SA11AI.54193 SC Beaufort 29902-5441 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Beaufort Mem Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr Paul S Dickman MD Date of Receipt Mailing Address Dept of Path /Lab 1919 E Thomas Rd 07 11 2016 City State Zip Code Transaction ID: SA11AI.54197 ΑZ Phoenix 85016-7710 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Phoenix Children's Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: **PAGE** 8 OF 18 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

ITEMIZED RECEIPTS for each category of the Detailed Summary Page 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. Samer A Dola MD Date of Receipt Mailing Address Dept of Path 1 Ingalls Dr 2016 07 City State Zip Code Transaction ID: SA11AI.54198 Harvey IL 60426-3558 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Ingalls Mem Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Joan E Etzell MD Date of Receipt Mailing Address Clin Lab M524 Box 0100 505 Parnassus Ave 07 2016 11 City State Zip Code Transaction ID: SA11AI.54200 CA San Francisco 94143-2204 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Univ of California San Francisco Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr. Edward P Fody MD Date of Receipt Mailing Address 6574 Partridge Ln 07 11 2016 City Zip Code State Transaction ID: SA11AI.54202 MI Holland 49423-8965 Amount of Each Receipt this Period FEC ID number of contributing С 2500.00 federal political committee. Memo Item Name of Employer Occupation Holland Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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. Joseph J. Goswitz MD Date of Receipt Mailing Address 311 Woodlawn Ave 2016 City Zip Code State Transaction ID: SA11AI.54203 MN Saint Paul 55105-1239 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Mercy Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Elliot A Krauss MD Date of Receipt Mailing Address Educ Bldg 1 Plainsboro Rd Fl II 07 2016 11 City State Zip Code Transaction ID: SA11AI.54208 NJ Plainsboro 08536-1913 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation University Med Ctr of Princeton at Pla Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Rosanna L Lapham MD Date of Receipt Mailing Address Dept of Path 101 E Wood St 07 11 2016 City Zip Code State Transaction ID: SA11AI.54210 SC Spartanburg 29303 Amount of Each Receipt this Period FEC ID number of contributing С 750.00 federal political committee. Memo Item Name of Employer Occupation Spartanburg Regional Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	LINE	NU	MBER	:	PAGE	•	10 OF	:	18	
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for each category of the Detailed Summary Page	X	11a		11b		11c		12			
zotanou cummun, rago		13		14		15		16		17	

	Statements may not be sold or used by any persue name and address of any political committee to		
NAME OF COMMITTEE (In Full)  College of American Pathologic	sts Political Action Committee		
Full Name (Last, First, Middle Initial)  Dr. Joseph P Leverone MD  Mailing Address Lab		Date of Receipt	
45 W 10th St		07 11 2016	
City	State Zip Code	Transaction ID : SA11AI.54215	
Saint Paul	MN 55102-1004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	Memo Item	
St Joseph's Hospital	Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00		
Full Name (Last, First, Middle Initial)  3. Dr. Alfred Lui MD			
Mailing Address 19951 Mariner Ave Ste 150		07 11 _ 2016 _	
City	State Zip Code	Transaction ID : SA11Al.54216	
Torrance	CA 90503-1738	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer	Occupation	Memo Item	
Pathology, Inc	Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Jonathan Louis Myles MD	1	Date of Receipt	
Mailing Address 6640 Cummings CT		07 11 2016	
City	State Zip Code	Transaction ID : SA11AI.54221	
Solon	OH 44139-6729	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	- Memo Item	
Cleveland Clinic Foundation	Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1500.00	
TOTAL This Period (last page this line number	r only)		

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		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	
۹.	Full Name (Last, First, Middle Initial) Dr Robert O Newbury MD		Date of Receipt
	Mailing Address Department of Pathology 3020 Childrens Way # 5007		07 13 _ 2016 _
	City	State Zip Code	Transaction ID : SA11AI.54223
	San Diego	CA 92123-4223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	Memo Item
	Rady Children's Hosp-San Diego	Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify) ▼	230.00	
3.	Full Name (Last, First, Middle Initial) Dr. Steven Frank O'Sheal MD		Date of Receipt
	Mailing Address 1004 1st St N Ste 200		07 21 2016
	City	State Zip Code	Transaction ID : SA11AI.54226
	Alabaster	AL 35007-8796	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer	Occupation	Memo Item
	Cytology & Pathology Services	Pathologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
<del>-</del>	Full Name (Last, First, Middle Initial) Dr. Dini W.H. Rada MD		Date of Receipt
	Mailing Address PO Box 1707		07 22 2016
	City	State Zip Code	Transaction ID : SA11AI.54229
	Avon Park	FL 33826-1707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	Memo Item
	Unaffiliated	Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	500.00	
s	UBTOTAL of Receipts This Page (optional)		1050.00
	OTAL This Period (last page this line number of	only)	
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	FOR LINE NUMBER:	PAGE	12 OF	18
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16 F	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 Full Name (Last, First, Middle Initial) Dr. Joseph P Rank MD Date of Receipt Mailing Address 6017 Sycamore Ave NW 2016 City Zip Code State Transaction ID: SA11AI.54231 WA 98107-2042 Seattle Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation CellNetix Path & Labs Pathologist

Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  B. Dr. Richard A Ray MD  Mailing Address 78 Paseo Mirasol  City  Tiburon  FEC ID number of contributing federal political committee.  Name of Employer Kaiser Permanente  Receipt For:  Primary  Other (specify)	State Zip Code CA 94920-2078  C  Occupation Pathologist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 27 2016  Transaction ID: SA11AI.54233  Amount of Each Receipt this Period  300.00  Memo Item
Full Name (Last, First, Middle Initial)  C. Dr. John W Skinner MD		Date of Receipt

Mailing Address Dept of Path 28 2016 07 300 Main St City Zip Code State Transaction ID: SA11AI.54237 ME Lewiston 04240-7027 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Pathologist Central Maine Med Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

		$\overline{}$	_	_		-	-	_	_	_	
SUBTOTAL of Receipts This Page (optional)	·····			7	_		7	_	800	0.00	
									77		_
TOTAL This Period (last page this line number	only)		_		_	_	7	_	_	_	

FOR LINE NUMBER: PAGE 13 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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. Elton Travis Smith Jr MD Date of Receipt Mailing Address 443 Lorna St 2016 28 City Zip Code State Transaction ID: SA11AI.54238 28205-6134 NC Charlotte Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Carolinas Medical Center Mercy Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robert George Stallings MD Date of Receipt Mailing Address 162 Dogwood Ln 07 28 2016 City State Zip Code Transaction ID: SA11AI.54239 NC Rutherfordton 28139-3222 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Rutherford Hosp Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Alice L Werner MD Date of Receipt Mailing Address 1418 N Veaux Loop 07 28 2016 City Zip Code State Transaction ID: SA11AI.54241 Norfolk VA 23509-1258 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer Occupation Children's Hosp of the Kings Daughters Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 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. Howard W Wright III MD Date of Receipt Mailing Address 4864 Jackson St 2016 07 28 City Zip Code State Transaction ID: SA11AI.54243 Monroe LA 71202-6400 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation LSU-E A Conway Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Rebecca F Yorke MD Date of Receipt Mailing Address 2504 Elmen St 07 28 2016 City State Zip Code Transaction ID: SA11AI.54246 TX Houston 77019-6712 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Cypress Fairbanks Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Louis J Zinterhofer MD Date of Receipt Mailing Address Dept of Path 07 28 2016 300 2nd Ave City State Zip Code Transaction ID: SA11AI.54247 NJ Long Branch 07740-6303 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Monmouth Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... 12600.00 TOTAL This Period (last page this line number only).....

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b	one) 22 23 24 25 26
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any political	by any perso committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  College of American Pathologists P	Political Action Comm	ittee	
Full Name (Last, First, Middle Initial)  Sun Trust Bank  Mailing Address P.O. Box 85024			Date of Disbursement  O7 05 2016
	state Zip Code		
Purpose of Disbursement Suntrust Moneris ACH Discount	VA 23285		Transaction ID: SB21B.54169  Amount of Each Disbursement this Period
		Category/ Type	41.90 Memo Item
Full Name (Last, First, Middle Initial)  3. Sun Trust Bank  Mailing Address P.O. Box 85024			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	state Zip Code VA 23285		Transaction ID : SB21B.54170  Amount of Each Disbursement this Period
		Category/ Type	45.50 Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address  City S	state Zip Code		
Purpose of Disbursement  Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	.,,,,	Memo Item
SUBTOTAL of Disbursements This Page (optional)		······ Þ	87.40
TOTAL This Period (last page this line number only).		·····•	87.40

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 18
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	- In addition of any political		The second secon
College of American Pathologists P	Political Action Comm	nittee	
/ College of Affiched I I athologists F	ontical Action Collin	111100	
Full Name (Last, First, Middle Initial)			
A. AMERICAN DREAM PROJECT; TH	HE		Date of Disbursement
Mailing Address PO BOX 2485			07 27 2016
Maining Addition FO BOX 2400			21 2010
City	State Zip Code		Transaction ID : SP22 54474
0	VA 22152		Transaction ID : SB23.54171
Purpose of Disbursement			Amount of Each Dishurson and this David
Candidate Name			Amount of Each Disbursement this Period
Candidate Harris		Category/ Type	1000.00
Office Sought:	nent For: 2016	. , , p c	Memo Item
	Primary General		Memoritani
	Other (specify) ▼		
State: WA District: 05	OTHER		
Full Name (Last, First, Middle Initial)			5
3. JASON SMITH FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 1324			07 27 2016
			2, 2010
· ·	State Zip Code		Transaction ID : SB23.54174
	MO 63702		
Purpose of Disbursement		· · ·	Amount of Each Disbursement this Period
Candidate Name		Onto 11 11	Amount of Each Dispulsement this Fellou
		Category/ Type	1500.00
Office Sought: House Disbursem	nent For: 2016		Memo Item
	Primary General		
	Other (specify) ▼		
State: MO District: 08			
Full Name (Last, First, Middle Initial)			Date of Disbursement
JIM RENACCI FOR CONGRESS			
Mailing Address 150 SMOKERISE DRIVE			07 27 _2016 _
	State Zip Code		Transaction ID : SB23.54177
WADSWORTH Purpose of Disbursement	OH 44281		
r dipose of bisbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Disbursement this Penou
		Type	1000.00
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	Primary General		
	Other (specify) ▼		
State: OH District: 15			
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SCHEDULE B (FEC Form 3X)	llee congrete och	adula(a) I	R LINE NUMBER: PAGE 17 OF 18
ITEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	eck only one)  21b
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NAME OF COMMITTEE (In Full)  College of American Pathologists F			
Full Name (Last, First, Middle Initial)  A. PEOPLE FOR PATTY MURRAY L	S SENATE C	AMPAIGN	Date of Disbursement
Mailing Address PO BOX 3662			07
SEATTLE	State Zip Coo WA 98124	de	Transaction ID : SB23.54178
Purpose of Disbursement  Candidate Name			Amount of Each Disbursement this Period
		Catego Typo	
Senate President	nent For: 2016  Primary Ge Other (specify)	eneral	Memo Item
State: WA District: 00  Full Name (Last, First, Middle Initial)			
B. PEOPLE FOR PATTY MURRAY L	J S SENATE C	AMPAIGN	Date of Disbursement
Mailing Address PO BOX 3662			07 27 2016
City SEATTLE	State Zip Coo WA 98124	de	Transaction ID : SB23.54179
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Catego	
Office Sought:  House Senate President  Disburser	ment For: 2016  Primary		Memo Item
State: WA District: 00  Full Name (Last, First, Middle Initial)			
RICHARD E NEAL FOR CONGRE	SS COMMITT	EE	Date of Disbursement
Mailing Address 76 MAGNOLIA TERRACE			07 27 2016
City SPRINGFIELD Purpose of Disbursement	State Zip Coo MA 01108	de	Transaction ID : SB23.54180
Candidate Name		Catego	Amount of Each Disbursement this Period ory/
Office Sought:    House   Disburser	ment For: 2016 Primary Ge Other (specify)	Type	
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Senate President Other (specify)  State: OH District: 12  Full Name (Last, First, Middle Initial)  WALDEN FOR CONGRESS INC  Mailing Address PO Box 1091  City State Zip Code OR 97031  Purpose of Disbursement  Candidate Name  Office Sought: Versident State: OR District: 02  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  President Other (specify)  Amount of Each Disbursement this Perior  Category/ Type  Date of Disbursement  Transaction ID: SB23.54182  Amount of Each Disbursement this Perior  Category/ Type  Date of Disbursement this Perior  Category/ Type  Office Sought: Versident State: OR District: 02  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: House Senate President  State: District: Office Sought: House Senate President  State: District: Other (specify)  Other (spec				1000.00	
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