

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="486810.44"/>	<input type="text" value="486810.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="505747.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15325.00"/>	<input type="text" value="160556.00"/>
(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="521072.54"/>	<input type="text" value="647366.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10087.40"/>	<input type="text" value="136381.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="510985.14"/>	<input type="text" value="510985.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	12600.00	140610.00
(ii) Unitemized	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 Totals to Line 33, page 5)	15325.00	160556.00
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))..... ▶	15325.00	160556.00
20. 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. 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	87.40	731.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87.40	731.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	135150.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(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	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10087.40	136381.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(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
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15325.00	160056.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	87.40	731.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	87.40	731.30

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Mett B Ausley Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Jefferson St
 City Whiteville State NC Zip Code 28472-3634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus Regional Healthcare System Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016
Transaction ID : SA11AI.54185
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr Maureen S Bauer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 South Bend Dr
 City Durham State NC Zip Code 27713-6194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016
Transaction ID : SA11AI.54186
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Dr Cathy O Blight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1 Hurley Plz
 City Flint State MI Zip Code 48503-5902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hurley Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2016
Transaction ID : SA11AI.54190
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. James B Cash Sr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2693 Forest Hills Rd SW Ste B
 City Wilson State NC Zip Code 27893-8611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Carolina Pathology Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA11AI.54191
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. Bradford Scott Collins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 955 Ribaut Rd
 City Beaufort State SC Zip Code 29902-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaufort Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA11AI.54193
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr Paul S Dickman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path /Lab 1919 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phoenix Children's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA11AI.54197
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 8 OF 18
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Samer A Dola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1 Ingalls Dr
 City Harvey State IL Zip Code 60426-3558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ingalls Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA11AI.54198
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Dr. Joan E Etzell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Clin Lab M524 Box 0100
 505 Parnassus Ave
 City San Francisco State CA Zip Code 94143-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of California San Francisco Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA11AI.54200
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Dr. Edward P Fody MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6574 Partridge Ln
 City Holland State MI Zip Code 49423-8965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holland Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA11AI.54202
 Amount of Each Receipt this Period **2500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 9 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Joseph J. Goswitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Woodlawn Ave
 City Saint Paul State MN Zip Code 55105-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA11AI.54203
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. Elliot A Krauss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Educ Bldg 1 Plainsboro Rd Fl II
 City Plainsboro State NJ Zip Code 08536-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Med Ctr of Princeton at Pla Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA11AI.54208
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Dr. Rosanna L Lapham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 101 E Wood St
 City Spartanburg State SC Zip Code 29303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA11AI.54210
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Joseph P Leverone MD

Full Name (Last, First, Middle Initial)
Mailing Address Lab
45 W 10th St

City Saint Paul State MN Zip Code 55102-1004

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

Name of Employer St Joseph's Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 11 / 2016
Transaction ID : SA11AI.54215

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr. Alfred Lui MD

Full Name (Last, First, Middle Initial)
Mailing Address 19951 Mariner Ave Ste 150

City Torrance State CA Zip Code 90503-1738

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

Name of Employer Pathology, Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 11 / 2016
Transaction ID : SA11AI.54216

Amount of Each Receipt this Period
1000.00

Memo Item

C. Dr. Jonathan Louis Myles MD

Full Name (Last, First, Middle Initial)
Mailing Address 6640 Cummings CT

City Solon State OH Zip Code 44139-6729

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

Name of Employer Cleveland Clinic Foundation Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 11 / 2016
Transaction ID : SA11AI.54221

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Robert O Newbury MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 3020 Childrens Way # 5007
 City San Diego State CA Zip Code 92123-4223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rady Children's Hosp-San Diego Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016
Transaction ID : SA11AI.54223
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Steven Frank O'Sheal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 1st St N Ste 200
 City Alabaster State AL Zip Code 35007-8796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cytology & Pathology Services Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2016
Transaction ID : SA11AI.54226
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Dr. Dini W.H. Rada MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1707
 City Avon Park State FL Zip Code 33826-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Unaffiliated Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : SA11AI.54229
 Amount of Each Receipt this Period
 500.00
 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: PAGE 12 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Joseph P Rank MD
 Mailing Address 6017 Sycamore Ave NW
 City State Zip Code
 Seattle WA 98107-2042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CellNetix Path & Labs 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
 07 / 22 / 2016
Transaction ID : SA11AI.54231
 Amount of Each Receipt this Period
 250.00
 Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Richard A Ray MD
 Mailing Address 78 Paseo Mirasol
 City State Zip Code
 Tiburon CA 94920-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaiser Permanente Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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
 Mailing Address Dept of Path
 300 Main St
 City State Zip Code
 Lewiston ME 04240-7027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central Maine Med Ctr 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
 07 / 28 / 2016
Transaction ID : SA11AI.54237
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 18 (check only one)
<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"/>	<input type="checkbox"/> 17

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

A. Dr. Elton Travis Smith Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 Lorna St
 City Charlotte State NC Zip Code 28205-6134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Medical Center Mercy Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA11AI.54238
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr. Robert George Stallings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 Dogwood Ln
 City Rutherfordton State NC Zip Code 28139-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutherford Hosp Inc Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA11AI.54239
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr. Alice L Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1418 N Veaux Loop
 City Norfolk State VA Zip Code 23509-1258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hosp of the Kings Daughters Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2016**
Transaction ID : SA11AI.54241
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Howard W Wright III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4864 Jackson St
 City State Zip Code
 Monroe LA 71202-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LSU-E A Conway Med Ctr 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
 07 / 28 / 2016
Transaction ID : SA11AI.54243
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Rebecca F Yorke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Elmen St
 City State Zip Code
 Houston TX 77019-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cypress Fairbanks Med Ctr 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
 07 / 28 / 2016
Transaction ID : SA11AI.54246
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Dr. Louis J Zinterhofer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 300 2nd Ave
 City State Zip Code
 Long Branch NJ 07740-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Monmouth Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016
Transaction ID : SA11AI.54247
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	12600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Discount

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2016

Transaction ID : SB21B.54169

Amount of Each Disbursement this Period

41.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2016

Transaction ID : SB21B.54170

Amount of Each Disbursement this Period

45.50

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

87.40

87.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERICAN DREAM PROJECT; THE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: WA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) OTHER

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2016

Transaction ID : SB23.54171

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) OTHER

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2016

Transaction ID : SB23.54174

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) OTHER

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2016

Transaction ID : SB23.54177

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2016

Transaction ID : SB23.54178

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2016

Transaction ID : SB23.54179

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2016

Transaction ID : SB23.54180

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2016

Transaction ID : SB23.54181

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS INC

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2016

Transaction ID : SB23.54182

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

10000.00