



**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="2015"/>		405859.24
(b) Cash on Hand at Beginning of Reporting Period.....	486570.34	
(c) Total Receipts (from Line 19) .....	14495.00	178186.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	501065.34	584045.24
7. Total Disbursements (from Line 31).....	2573.90	85553.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	498491.44	498491.44
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 <b>BY</b> 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)

Page 3

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11210.00	152205.00
(ii) Unitemized .....	2910.00	25606.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14120.00	177811.00
(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) .....	14120.00	177811.00
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.....	375.00	375.00
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))..... ▶	14495.00	178186.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14495.00	178186.00

**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 .....	73.90	703.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	73.90	703.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	84850.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	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)) ..	2573.90	85553.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2573.90	85553.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14120.00	177811.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14120.00	177811.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	73.90	703.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	73.90	703.80

**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 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. Othon Almanza Sr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 N 18th St Ste 102  
 City Abilene State TX Zip Code 79601-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinical Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : SA11AI.53001**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Brent D Benjamin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 400 S 43rd St  
 City Renton State WA Zip Code 98055-5714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valley Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.53025**  
 Amount of Each Receipt this Period  
 250.00

**c. Dr. Jane A Bennett-Munro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 650 Addison Ave W  
 City Twin Falls State ID Zip Code 83301-5444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Luke's Magic Valley Reg Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : SA11AI.52985**  
 Amount of Each Receipt this Period  
 250.00

**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 7 OF 16  
(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. Michael B Cohen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 Circle of Hope N3170  
 City State Zip Code  
 Salt Lake City UT 84112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Huntsman Cancer Hospital Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : SA11AI.52987**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Samer A Dola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 Silver Cross Blvd  
 City State Zip Code  
 New Lenox IL 60451-9509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Silver Cross Hospital Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : SA11AI.53013**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Joan E Etzell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Shared Laboratory  
 2950 Collier Canyon Rd  
 City State Zip Code  
 Livermore CA 94551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sutter Health Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : SA11AI.53011**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 16  
(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. Richard C. Friedberg MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Chairman Dept of Path  
 759 Chestnut St # C-1170  
 City Springfield State MA Zip Code 01199-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baystate Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **07 / 13 / 2015**  
**Transaction ID : SA11AI.53002**  
 Amount of Each Receipt this Period **2500.00**

**B. Dr. Jerad Michael Gardner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 Duclair CT  
 City Little Rock State AR Zip Code 72223-9570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 16 / 2015**  
**Transaction ID : SA11AI.53010**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Patrick E. Godbey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Indigo Dr  
 City Brunswick State GA Zip Code 31525-6865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeastern Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1010.00**

Date of Receipt **07 / 30 / 2015**  
**Transaction ID : SA11AI.53037**  
 Amount of Each Receipt this Period **1010.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3760.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<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. Dr. John Peter Grabbe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1493 Cambridge St  
 City Cambridge State MA Zip Code 02139-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cambridge Health Alliance Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : SA11AI.53018**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Alexander Joseph Lazar MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1515 Holcombe Blvd # 85  
 City Houston State TX Zip Code 77030-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas MD Anderson Cancer Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 13 / 2015**  
**Transaction ID : SA11AI.52992**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Alan Levin MD**  
 Full Name (Last, First, Middle Initial)  
 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 St Lucie Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 13 / 2015**  
**Transaction ID : SA11AI.52990**  
 Amount of Each Receipt this Period **500.00**

**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 10 OF 16
	<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. Antonio Enrique Martinez MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Wallace St

City Coral Gables State FL Zip Code 33134-2471

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

Name of Employer Palmetto General Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
07 / 13 / 2015  
Transaction ID : SA11AI.52994

Amount of Each Receipt this Period  
500.00

**B. Dr. Bobbi S Pritt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Div of Clinical Microbiology  
200 1st St SW

City Rochester State MN Zip Code 55905-0002

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

Name of Employer Mayo Clinic Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 13 / 2015  
Transaction ID : SA11AI.52995

Amount of Each Receipt this Period  
250.00

**C. Dr. Angelica Rocio Putnam MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
100 Mario Capecchi Dr

City Salt Lake City State UT Zip Code 84113-1100

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

Name of Employer Primary Childrens Medical Center Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 16 / 2015  
Transaction ID : SA11AI.53008

Amount of Each Receipt this Period  
250.00

**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 11 OF 16
	<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. Dr. James Joseph Schnabel MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept  
 3300 NW Expressway 2nd Fl  
 City Oklahoma City State OK Zip Code 73112-4999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integris Baptist Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : SA11AI.53017**  
 Amount of Each Receipt this Period  
 300.00  
 Aggregate Year-to-Date ▼  
 300.00

**B. Dr. Karim E Sirgi MD,MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11693 E Ida Ave  
 City Englewood State CO Zip Code 80111-4136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presbyterian St Lukes Med Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : SA11AI.53020**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**c. Dr. Maria Grazia Sparacino MD**  
 Full Name (Last, First, Middle Initial)  
 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 Bolivar Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11AI.52976**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

<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 12 OF 16
	<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. Mark S Synovec MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab  
 1500 SW 10th Ave  
 City Topeka State KS Zip Code 66604-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stormont-Vail Reg Health Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2015  
**Transaction ID : SA11AI.53024**  
 Amount of Each Receipt this Period  
**750.00**

**B. Dr. Stuart E VanMeter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1924 Alcoa Hwy  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LabCorp Knoxville Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11AI.52978**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Terry M Welsh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3086 Ceylon Rd  
 City Costa Mesa State CA Zip Code 92626-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anaheim Regional Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.53035**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</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: PAGE 13 OF 16  
(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. William W West MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path and Micro  
 983135 Nebraska Medical Ctr  
 City Omaha State NE Zip Code 68198-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Nebraska Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11AI.52979**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr. Gary B. Witkin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Pathology  
 4755 Ogletown-Stanton Rd  
 City Newark State DE Zip Code 19718-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Christiana Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA11AI.52974**  
 Amount of Each Receipt this Period  
**250.00**

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>11210.00</b>

**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 16
<input 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 checked="" 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. CANTOR FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 17813  
 City Richmond State VA Zip Code 23226  
 FEC ID number of contributing federal political committee. **C** C00355461  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : SA16.52967**  
 Amount of Each Receipt this Period  
 375.00

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	375.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Moneris ACH Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

**Transaction ID : SB21B.52842**

Amount of Each Disbursement this Period

41.90

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

**Transaction ID : SB21B.52968**

Amount of Each Disbursement this Period

32.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/  
Type

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

73.90

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

73.90

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. FRIENDS OF TODD YOUNG, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

Mailing Address PO BOX 1053

**Transaction ID : SB23.52969**

City BLOOMINGTON State IN Zip Code 47402

Amount of Each Disbursement this Period

2500.00
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Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

2500.00
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2500.00
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