

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) Dec 20 (M12) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 01 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Michael Misialek Dr.

Signature of Treasurer John Michael Misialek Dr. [Electronically Filed] Date 02 / 19 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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.....	405859.24	
(c) Total Receipts (from Line 19)	29487.00	29487.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	435346.24	435346.24
7. Total Disbursements (from Line 31).....	111.90	111.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	435234.34	435234.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y Y 01 / 31 / 2015

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).....	26700.00	26700.00
(ii) Unitemized	2787.00	2787.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29487.00	29487.00
(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)	29487.00	29487.00
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))..... ▶	29487.00	29487.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29487.00	29487.00

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	111.90	111.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	111.90	111.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	111.90	111.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111.90	111.90

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)	29487.00	29487.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29487.00	29487.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	111.90	111.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	111.90	111.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<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	

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. Jared G. Block MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2928 Forest Park Dr
 City Charlotte State NC Zip Code 28209-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Med Ctr - University Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 05 / 2015
Transaction ID : SA11AI.52293
 Amount of Each Receipt this Period
750.00

B. Dr. Jessica M Comstock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 100 Mario Capecchi Dr
 City Salt Lake City State UT Zip Code 84113-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Primary Children's Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2015
Transaction ID : SA11AI.52337
 Amount of Each Receipt this Period
1000.00

c. Dr. Thomas J Cooper Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 E El Parque St
 City Long Beach State CA Zip Code 90815-4129
 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 **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 08 / 2015
Transaction ID : SA11AI.52310
 Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
<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. Robert P DeCresce MD,MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address Jelke Bldg, Rm 532
 1750 W Harrison
 City Chicago State IL Zip Code 60612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Pathology Consultants Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 26 / 2015**
Transaction ID : SA11AI.52346
 Amount of Each Receipt this Period **2500.00**

B. Dr. Andrew J. Evanger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1650 Cowles St
 City Fairbanks State AK Zip Code 99701-5925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairbanks Memorial Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 26 / 2015**
Transaction ID : SA11AI.52324
 Amount of Each Receipt this Period **1000.00**

c. Dr. Marianne L. Feran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Whittier St
 City Melrose State MA Zip Code 02176-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hallmark Hlth Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 26 / 2015**
Transaction ID : SA11AI.52343
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 17
(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. S. Robert Freedman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Pollard Rd
 City Los Gatos State CA Zip Code 95032-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer El Camino Hospital Los Gatos Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52352
 Amount of Each Receipt this Period
 1000.00

B. Dr. S. Robert Freedman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Pollard Rd
 City Los Gatos State CA Zip Code 95032-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer El Camino Hospital Los Gatos Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52353
 Amount of Each Receipt this Period
 1000.00

C. Dr. Fred E. Gilbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Pine Hollow Dr
 City Newnan State GA Zip Code 30263-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52330
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 17
(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. Anthony J Guidi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2014 Washington St
 City State Zip Code
 Newton MA 02462-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Newton-Wellesley 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
 01 / 26 / 2015
Transaction ID : SA11AI.52325
 Amount of Each Receipt this Period
 500.00

B. Robert Hubbard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1806 Valle Vista
 City State Zip Code
 Redlands CA 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed 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
 01 / 26 / 2015
Transaction ID : SA11AI.52347
 Amount of Each Receipt this Period
 250.00

C. Dr. Herman S Hurwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Annapolis Ln.
 City State Zip Code
 Cherry Hill NJ 08003-2800
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52332
 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 10 OF 17
	<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	<input type="checkbox"/> 17

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

A. Dr. Grace N Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24035 Vecchio
 City San Antonio State TX Zip Code 78260-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Luke's Baptist Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **01 / 26 / 2015**
Transaction ID : SA11AI.52331
 Amount of Each Receipt this Period **400.00**

B. Dr. Thomas M Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 2333 Buchanan St Fl 2
 City San Francisco State CA Zip Code 94115-1925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Pacific Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 29 / 2015**
Transaction ID : SA11AI.52368
 Amount of Each Receipt this Period **250.00**

C. Dr. Oliver S Kim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology 450 West Hwy 22
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Good Shepherd Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 20 / 2015**
Transaction ID : SA11AI.52323
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1650.00**
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 17
	<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	<input type="checkbox"/> 17

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

A. Dr. Christopher J Leigh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Mercy Medical Center
 250 Mercy Dr
 City Dubuque State IA Zip Code 52001-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Clinical Laboratories Inc 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
01 / 20 / 2015
Transaction ID : SA11AI.52322
 Amount of Each Receipt this Period
500.00

B. Dr. Ronald B Lepoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Clin Lab/MSC A022/Rm LB292
 12401 E 17th Ave
 City Aurora State CO Zip Code 80045-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Colorado Hosp 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
01 / 26 / 2015
Transaction ID : SA11AI.52350
 Amount of Each Receipt this Period
500.00

C. Dr Fernando L Lomba MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 809 E Marion Ave
 City Punta Gorda State FL Zip Code 33950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Regional Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2015
Transaction ID : SA11AI.52329
 Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)..... **1600.00**
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 17
(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. Michael Daniel McEachin MD,MBA

Mailing Address 745 Poplan Road

City Newman State GA Zip Code 30665

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

Name of Employer Occupation
 Piedmont Newnan Hospital Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52345

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. C. Dean Pappas

Mailing Address Lawrence Mem Hosp/Path Dept
 170 Governors Ave

City Medford State MA Zip Code 02155-1643

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

Name of Employer Occupation
 Hallmark Health Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52326

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
c. Dr. William Charles Pitts MD

Mailing Address Sierra Path Lab
 PO Box 2130

City Clovis State CA Zip Code 93613-2130

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

Name of Employer Occupation
 Pathology Associates Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52359

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 13 OF 17
<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. Dennis D Reinke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 Brooke Ave
 City State Zip Code
 Wichita Falls TX 76301-5608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Associates 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
 01 / 26 / 2015
Transaction ID : SA11AI.52328
 Amount of Each Receipt this Period
 500.00

B. Dr. James A Robb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11613 Kensington Ct
 City State Zip Code
 Boca Raton FL 33428-2415
 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
 01 / 09 / 2015
Transaction ID : SA11AI.52313
 Amount of Each Receipt this Period
 500.00

C. Dr. Denise G Ross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Blue Heron Rd
 City State Zip Code
 Virginia Beach VA 23454-1747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sentara Princess Anne Hospital 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
 01 / 26 / 2015
Transaction ID : SA11AI.52327
 Amount of Each Receipt this Period
 250.00

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 14 OF 17
	<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. Sateesh K Satchidanand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2605 Harlem Rd
 City Cheektowaga State NY Zip Code 14225-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph Hosp 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
 01 / 15 / 2015
Transaction ID : SA11AI.52320
 Amount of Each Receipt this Period
 500.00

B. Mark Shertzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Harrington Lane
 City Dothan State AL Zip Code 36305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Laboratory Assoc. 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
 01 / 26 / 2015
Transaction ID : SA11AI.52344
 Amount of Each Receipt this Period
 500.00

C. Dr. Jeffrey B Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1395 S Pinellas Ave
 City Tarpon Springs State FL Zip Code 34689-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Helen Ellis Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : SA11AI.52336
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 15 OF 17
	<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	<input type="checkbox"/> 17

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

A. Dr. Jonathan Stuart Strauss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 Burnham Ave Ste 165
 City Las Vegas State NV Zip Code 89119-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quest Diag Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 28 / 2015**
Transaction ID : SA11AI.52364
 Amount of Each Receipt this Period **500.00**

B. Dr. Hui C Tsou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 154 Wakeman Pl
 City Brooklyn State NY Zip Code 11220-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Med Ctr-New York Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 02 / 2015**
Transaction ID : SA11AI.52289
 Amount of Each Receipt this Period **500.00**

C. Dr. Keith E Volmar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4420 Lake Boone Trail
 City Raleigh State NC Zip Code 27607-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rex Healthcare Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 26 / 2015**
Transaction ID : SA11AI.52341
 Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
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 16 OF 17
	<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. Timothy M Wallace MD

Full Name (Last, First, Middle Initial)
Mailing Address ACL Lab
36500 Aurora Dr

City Oconomowoc State WI Zip Code 53066-4899

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

Name of Employer Occupation
Aurora Medical Center - Summit Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 26 / 2015
Transaction ID : SA11AI.52356

Amount of Each Receipt this Period
500.00

B. Dr. Ronald L. Weiss MD,MBA

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
500 Chipeta Way

City Salt Lake City State UT Zip Code 84108-1221

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

Name of Employer Occupation
ARUP Laboratories Inc Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 26 / 2015
Transaction ID : SA11AI.52349

Amount of Each Receipt this Period
1000.00

C. Dr. William Allen Wesche MD

Full Name (Last, First, Middle Initial)
Mailing Address 2915 Missouri Ave

City Shreveport State LA Zip Code 71109-4327

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

Name of Employer Occupation
The Delta Pathology Group LLC Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
01 / 12 / 2015
Transaction ID : SA11AI.52318

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 17 OF 17
(check only one)

<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. Full Name (Last, First, Middle Initial)
Dr. Edward Truman Wright III MD

Mailing Address Path Dept
915 Gordon Ave

City State Zip Code
Thomasville GA 31792-6614

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

Name of Employer Occupation
John D Archbold Memorial Hospital Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2015

Transaction ID : SA11AI.52367

Amount of Each Receipt this Period
250.00

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	26700.00