

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00274944 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 10 / 01 / 2017 through 10 / 31 / 2017

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

Type or Print Name of Treasurer

Signature of Treasurer Misialek, Michael, , John, Dr. [Electronically Filed] Date 11 / 16 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		444893.14
(b) Cash on Hand at Beginning of Reporting Period.....	440925.64	
(c) Total Receipts (from Line 19) .....	16360.00	190437.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	457285.64	635330.14
7. Total Disbursements (from Line 31).....	17545.50	195590.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	439740.14	439740.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <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

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).....	14505.00	167565.00
(ii) Unitemized .....	1855.00	22872.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16360.00	190437.00
(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) .....	16360.00	190437.00
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)).....▶	16360.00	190437.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16360.00	190437.00

**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 .....	45.50	590.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	45.50	590.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	195000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17545.50	195590.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17545.50	195590.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16360.00	190437.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16360.00	190437.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	45.50	590.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45.50	590.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Emory, Theresa, , S, Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1918 W State St  
 City Bristol State TN Zip Code 37620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Highlands Pathology Consultants, PC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11AI.55667**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Frigy, Alan, F, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 1800 E Lake Shore Dr  
 City Decatur State IL Zip Code 62521-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Mary's Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11AI.55654**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hinchey, William, W, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Canterbury Hill St  
 City San Antonio State TX Zip Code 78209-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christus Santa Rosa Westover Hills Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : SA11AI.55678**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 7 OF 15
<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. Jhaveri, Bharati, Suketu, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1312 Woods Farm Ln  
 City Springfield State IL Zip Code 62704-6545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St John's Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.55671**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Knierim, Richard, H, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11920 NE 39th St  
 City Bellevue State WA Zip Code 98005-1250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : SA11AI.55689**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Leon, Marino, Enrique, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Anatomic Path Moffitt Cancer Center  
 City Tampa State FL Zip Code 33612-9416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Moffitt Cancer Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2017  
**Transaction ID : SA11AI.55645**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<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. Martinez-Torres, Guillermo, G, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8057 N Links Way  
 City Fox Point State WI Zip Code 53217-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia St Mary's Hospital of Milwauk Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.55674**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Rodriguez, Michelle, E, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Highland Springs  
 City Georgetown State TX Zip Code 78633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Scott & White Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11AI.55662**  
 Amount of Each Receipt this Period 255.00  
 Memo Item

**C. Rose, Crystal, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2011 Natchez Ln  
 City Paducah State KY Zip Code 42001-5415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baptist Health Paducah Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.55673**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2255.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<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. Schwartz, Jared, N, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 453 Fenton Place  
 City Charlotte State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 17 / 2017**  
**Transaction ID : SA11AI.55683**  
 Amount of Each Receipt this Period **2500.00**  
 Memo Item

**B. Siegel, Howard, L, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Department of Pathology 6701 N Charles St  
 City Baltimore State MD Zip Code 21204-6808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Greater Baltimore Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 04 / 2017**  
**Transaction ID : SA11AI.55647**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Sillings, Christine, N, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 New Bern Ave  
 City Raleigh State NC Zip Code 27610-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Med Ctr Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 11 / 2017**  
**Transaction ID : SA11AI.55677**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<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. Simpson, Ross, W, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path-Meadowbrook W101  
 6500 Excelsior Blvd  
 City St Louis Park State MN Zip Code 55426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Nicollet Methodist Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2017  
**Transaction ID : SA11AI.55653**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Valdes, Caroline, Leilani, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 W Commercial St  
 City Victoria State TX Zip Code 77901-6302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regional Medical Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2017  
**Transaction ID : SA11AI.55655**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Wilson, Patrick, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3636 Providence Manor Rd  
 City Charlotte State NC Zip Code 28270-3706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novant Health Presbyterian Medical Cen Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2017  
**Transaction ID : SA11AI.55664**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	14505.00

**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"/> 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 Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2017

FEC Identification Number

C

Transaction ID : SB21B.55623  
Amount of Each Disbursement this Period

45.50

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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 / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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 / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

45.50

45.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address 159 CRESTWOOD AVENUE

City  
BUFFALO

State  
NY

Zip Code  
14216

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00520379

**Transaction ID : SB23.55625**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CROWLEY FOR CONGRESS**

Mailing Address 415 NEW JERSEY AVENUE, SE  
# 1

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 14

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00338954

**Transaction ID : SB23.55627**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEBBIE DINGELL FOR CONGRESS**

Mailing Address P.O. BOX 636

City  
ANNANDALE

State  
VA

Zip Code  
22003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00558213

**Transaction ID : SB23.55628**

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).....▶

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN THUNE**

Mailing Address P.O. BOX 847

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: SD District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00409581

**Transaction ID : SB23.55631**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HEARTLAND VALUES PAC**

Mailing Address PO BOX 505

City  
SIOUX FALLS

State  
SD

Zip Code  
57101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2017  
 Primary  General  
 Other (specify) OTHER

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00409003

**Transaction ID : SB23.55632**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address 228 2ND STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00414318

**Transaction ID : SB23.55634**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MCCASKILL FOR MISSOURI**

Mailing Address 660 PENNSYLVANIA AVE, SE  
SUITE 201

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2017

FEC Identification Number

C00431304

Transaction ID : SB23.55636

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2017

FEC Identification Number

C00450049

Transaction ID : SB23.55638

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address C/O ALI SCHULTZ, 2125 14TH STREET  
NW. #905

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2017

FEC Identification Number

C00554899

Transaction ID : SB23.55639

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. BOX 5130

City  
EVANSTON

State  
IL

Zip Code  
60204

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00327023

**Transaction ID : SB23.55641**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TONY CARDENAS FOR CONGRESS**

Mailing Address 410 1ST ST, SE  
SUITE 310

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00498873

**Transaction ID : SB23.55642**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WELCH FOR CONGRESS**

Mailing Address 228 2ND STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2017			

FEC Identification Number

**C** C00413179

**Transaction ID : SB23.55644**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

17500.00