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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Oth	er Than An A	Authorized	l Commi	ttee		Office Use	Only	
NAME OF COMMITTEE (in full)	TYPE OF	R PRINT ▼		mple: If ty r the lines.		12FE4M	.5		
College of Americ	an Patholog	gists Politica	al Action	Commit	tee				
ADDRESS (number and stre		Street NW							
▼	Suite 4	25 West			1 1 1 1 1				
Check if different than previously reported. (ACC)	t Washi	ngton				DC	20001	<u></u>	
2. FEC IDENTIFICATION	ON NUMBER '	.	CITY 🛦		;	STATE A	Z	IP CODE	≣ ▲
C C00274944		3	. IS THIS REPORT	×	NEW (N) OR	AN (A)	MENDED		
4. TYPE OF REPOR (Choose One)	R	eport ue On:	Feb 20 (M2)		May 20 (M5)	-	20 (M8)	1) Y	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports	:		Mar 20 (M3)	님	Jun 20 (M6)		20 (M9)	(t)	Non-Election 'ear Only)
April 15 Quarterly Re	port (Q1)		Apr 20 (M4)		Jul 20 (M7)	-	20 (M10)	-	lan 31 (YE)
July 15	/ 15 arterly Report (Q2)		Election			General (12G) Runoff Special (12S)			Runoff (12R)
October 15 Quarterly Re	port (Q3)	Report for the	^{‡.}	Convention	1 (120)	Special (125)		
January 31 Year-End Re	port (YE)	Ele	ection on	M M	/ D D /	Y Y Y Y Y		in the State of	
July 31 Mid- Report (Non- Year Only) (I	election (u)	30-Day POST-Electio Report for the		General (3	0G)	Runoff (3	30R)	S	special (30S)
Termination f (TER)	Report	Ele	ection on	M = M	/ D = D /	Y . Y . Y . Y		in the State of	
5. Covering Period		01 20	18	through	07_	31	2018		
I certify that I have exami		and to the bes		wledge and	d belief it is tru	e, correct and	d complete	·.	
Type or Print Name of Tre									
Signature of Treasurer	Konnick, Eric, ,	Dr., MD,MS		[Electronica	ully Filed]	ate 08	/ 15	D / Y	2018
NOTE: Submission of false,	erroneous, or in	ncomplete inform	ation may su	bject the p	erson signing th	is Report to the	ne penalties	s of 52 U	.S.C. § 30109
Office Use Only								FORN ev. 05/201	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 07 01 2018 To: 07 31 2018

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		435671.14
	(b) Cash on Hand at Beginning of Reporting Period	416847.14	
	(c) Total Receipts (from Line 19)	23550.00	128060.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	440397.14	563731.14
7.	Total Disbursements (from Line 31)	6535.00	129869.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	433862.14	433862.14
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. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

R	eport Covering the Period: From:		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	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)	20900.00	117355.00				
	(ii) Unitemized	2650.00	10705.00				
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	23550.00	128060.00				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	23550.00	128060.00				
12.	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00				
	(Dividends, Interest, etc.)	0.00	0.00				
	(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))▶	23550.00	128060.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	23550.00	128060.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	35.00	419.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	35.00	419.00		
2. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	6500.00	129450.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	4		
Loans Made	4 4	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	45 1 45 1 45		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
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(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6535.00	129869.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	7 1 7 1 7			
from Line 31)	6535.00	129869.00		

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

1 20 1 01111 0x (1101: 00/20	٥,	. ago C
III. Net Contributions Operating Expenditure		COLUMN B d Calendar Year-to-Date
33. Total Contributions (other than (from Line 11(d), page 3)	′ 225	50.00 128060.00
34. Total Contribution Refunds (from Line 28(d))		0.00
35. Net Contributions (other than lo (subtract Line 34 from Line 33)	, and	550.00 128060.00
36. Total Federal Operating Expend (add Line 21(a)(i) and Line 21(35.00 419.00
37. Offsets to Operating Expenditure (from Line 15, page 3)		0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)		35.00 419.00

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

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

l	FOI	PAGE	6	OF	15			
(check only one)								
l	X	11a	11b		11c	12		
l		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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bauer, Stephen, N, Dr., MD Date of Receipt Mailing Address 44 Diamond St 2018 City Zip Code State Transaction ID: SA11AI.56436 CA San Francisco 94114 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mercy San Juan Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bihlmeyer, Sharon, K, Dr., MD Date of Receipt Mailing Address 7200 Hickory Creek Dr 07 2018 City State Zip Code Transaction ID: SA11AI.56467 MI Dexter 48130 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bui, Marilyn, M., Dr., MD, PhD Date of Receipt Mailing Address Dept of Anat Path 2018 12902 USF Magnolia Dr City State Zip Code Transaction ID: SA11AI.56452 FL Tampa 33612-9416 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) H Lee Moffitt Cancer Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Carry, James, B, Dr., MD Date of Receipt Mailing Address Dept of Path 5555 Grossmont Center Dr 19 2018 City Zip Code State Transaction ID: SA11AI.56410 CA La Mesa 91942-3019 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Grossmont Hosp-Sharp Healthcare Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Clarke, Martha, R, Dr., MD Date of Receipt Mailing Address 1000 Bower Hill Rd 07 2018 City State Zip Code Transaction ID: SA11AI.56453 PA Pittsburgh 15243-1873 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Clair Memorial Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Dash, Rajesh, Chandra, Dr., MD Date of Receipt Mailing Address Dept of Path 25 2018 Box 3712 City State Zip Code Transaction ID: SA11AI.56438 NC Durham 27710 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Duke Univ Hosp & Health System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE	8	OF	15	
(check only one)									
	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DeCresce, Robert, P, Dr., MD, MBA Date of Receipt Mailing Address Jelke Bldg, Rm 532 1750 W Harrison 2018 City State Zip Code Transaction ID: SA11AI.56463 IL Chicago 60612 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University Pathology Consultants Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fody, Edward, P, Dr., MD Date of Receipt Mailing Address Lab 07 19 2018 602 Michigan Ave City State Zip Code Transaction ID: SA11AI.56409 MI Holland 49423-4918 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Holland Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Friedberg, Richard, C., Dr., MD, PhD Date of Receipt Mailing Address 103 Primrose Dr 19 2018 City Zip Code State Transaction ID: SA11AI.56428 MA Longmeadow 01106-2533 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Baystate Medical Center** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Godbey, Patrick, E., Dr., MD Date of Receipt Mailing Address 203 Indigo Dr 2018 City Zip Code State Transaction ID: SA11AI.56460 GA 31525-6865 Brunswick Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Southeastern Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hurwitz, Herman, S, Dr., MD Date of Receipt Mailing Address 1004 Annapolis Ln. 2018 City State Zip Code Transaction ID: SA11AI.56450 NJ Cherry Hill 08003-2800 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hussong, Jerry, W. Dr., MD, DDS Date of Receipt Mailing Address 10011 Stonelake Blvd 454 19 2018 City Zip Code State Transaction ID: SA11AI.56412 TX Austin 78759-5825 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sonic Healthcare USA Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 5750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 10 OF 15 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jhaveri, Bharati, Suketu, Dr., MD Date of Receipt Mailing Address 1312 Woods Farm Ln 2018 City Zip Code State Transaction ID: SA11AI.56445 IL Springfield 62704-6545 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) St John's Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Macleay Jr, Lachlan, , Dr., MD Date of Receipt Mailing Address 2015 Karren LN 19 2018 City State Zip Code Transaction ID: SA11AI.56421 CA Carlsbad 92008-2726 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Palomar Health Downtown Campus Lab Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pritt, Bobbi, S, Dr., MD Date of Receipt Mailing Address Div of Clinical Microbiology 2018 200 1st St SW City Zip Code State Transaction ID: SA11AI.56446 MN Rochester 55905-0002 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathologist Mayo Clinic - Arizona Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1850.00 SUBTOTAL of Receipts This Page (optional).....

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

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scamurra, David, O, Dr., MD Date of Receipt Mailing Address 2950 Elmwood Ave 2018 City Zip Code State Transaction ID: SA11AI.56448 NY Kenmore 14217-1304 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) X Cell Labs of Western NY Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Slagel, Daniel, D, Dr., MD Date of Receipt Mailing Address Path Associates 2018 250 Mercy Dr G231 City State Zip Code Transaction ID: SA11AI.56447 IΑ Dubuque 52004-0731 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) United Clinical Laboratories Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Talbott, L, Brent, Dr., MD Date of Receipt Mailing Address 3445 Executive Ctr Dr Ste 250 19 2018 City State Zip Code Transaction ID: SA11AI.56420 TX Austin 78731 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Clinical Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Volmar, Keith, E, Dr., MD Date of Receipt Mailing Address 4420 Lake Boone Trail 19 2018 City Zip Code State Transaction ID: SA11AI.56419 NC Raleigh 27607-7505 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Rex Healthcare Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Weydert, Jamie, Allen, Dr., MD Date of Receipt Mailing Address McFarland Clinic-Pathology 07 2018 1215 Duff Ave City State Zip Code Transaction ID: SA11AI.56451 IΑ Ames 50010-5400 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) McFarland Clinic PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Williams, R. Bruce, , Dr., MD Date of Receipt Mailing Address 4801 Ambassador Caffery Pkwy 2018 City Zip Code State Transaction ID: SA11AI.56461 Lafayette LA 70508-6917 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Our Lady of Lourdes Regional MC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full)			
$ \rangle$	College of American Pathologist	s Political	Action Committee	
<u></u>	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	
A.	Young, Nancy, A, Dr., MD			Date of Receipt
	Mailing Address Path and Lab Med			M = M / D = D / Y = Y = Y
	5501 Old York Rd	07 27 2018		
	City	State	Zip Code	Transaction ID : SA11AI.56454
	Philadelphia	PA	19141-3018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual)	Occur	ation (for Individual)	Memo Item
	Albert Einstein Med Ctr	Patho		<u> </u>
	Receipt For:			
	Primary General	Aggregate fi	ear-to-Date ▼	
	Other (specify) ▼		500.00	
	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	
В.	Zepeda, Hector, , Dr., MD			Date of Receipt
	Mailing Address 10175 Gateway Blvd W Ste 116	6		M = M / D = D / Y = Y = Y
		07 27 2018		
	City	State	Zip Code	Transaction ID : SA11AI.56449
	El Paso	TX	79925-7618	Amount of Each Receipt this Period
	FEC ID number of contributing	250.00		
	federal political committee.	250.00		
	Name of Employer (for Individual)	pation (for Individual)	Memo Item	
	Del Sol Med Ctr Immediate Care Ctr	Patho		
	Receipt For:	I	ear-to-Date ▼	
	Primary General	Aggregate II	car to Bate 7	
	Other (specify) ▼	1	250.00	
		7		
С.	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	Date of Receipt
٥.	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
		1-	_	Memo Item
	Name of Employer (for Individual)	Occup	eation (for Individual)	Memo item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General	33 - 3		
	Other (specify)			
_				
				750.00
Ls	SUBTOTAL of Receipts This Page (optional)		······································	730.00
				20900.00
ΙT	OTAL This Period (last page this line number of	niy)		20300.00

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF							
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	NOMBER:						
		category of the Summary Page	X 21b	22 23 26 27						
			28a	28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
College of American Pathologists I	Political A	Action Com	mittee							
			-							
Full Name (Last, First, Middle Initial) A. Sun Trust Bank				Date of Disbursement						
7" Sull Trust Balik				M M / D D / Y Y Y Y						
Mailing Address P.O. Box 85024				07 20 2018						
		I								
City Richmond	State VA	Zip Code 23285		FEC Identification Number						
Purpose of Disbursement		20200		C						
Suntrust Account Analysis Fee				Transaction ID : SB21B.56399						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:		Туре	35.00						
Senate Disburse	Primary	General		00.00						
President	Other (spec			Memo Item						
State: District:				Memo Item						
Full Name (Last, First, Middle Initial)				Data of Dishar						
В.				Date of Disbursement						
Mailing Address	M M / D D / Y Y Y Y									
City	FEC Identification Number									
Purpose of Disbursement	Purpose of Disbursement									
				[C]						
Candidate Name			Category/	Amount of Each Disbursement this Period						
Office Sought: House	mont Fam		Туре							
Office Sought: House Disbursel Senate	ment For: Primary	General		4 4						
President	Other (spec			Mama Itan						
State: District:				Memo Item						
Full Name (Last, First, Middle Initial)										
C.				Date of Disbursement						
Mailing Address	M M / D D / Y Y Y Y									
	Mailing Address									
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement	Purpose of Disbursement									
				C						
Candidate Name	Category/	Amount of Each Disbursement this Period								
Office Sought: House Distance	Туре									
Office Sought: House Disbursel	Office Sought: House Disbursement For: Senate Primary General									
President	Other (spec			Memo Item						
State: District:				I Wello Rell						
				05.00						
SUBTOTAL of Disbursements This Page (optional)			·····•	35.00						
TOTAL This Period (last page this line number only	`			35.00						

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SCHEDULE B (FEC Form 3X)	Hoo concrete colerativis/-\	FOR LINE NUMBER: PAGE 15 (
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
College of American Pathologists F	Political Action Comm	nittee				
Full Name (Last, First, Middle Initial) A. BUDDY CARTER FOR CONGRES	SS		Date of Disbursement			
Mailing Address 824 S MILLEDGE AVE SUITE 101			07 12 2018			
,	State Zip Code		FEC Identification Number			
ATHENS Purpose of Disbursement	GA 30605					
Candidate Name			C C00543967 Transaction ID : SB23.56400			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate	nent For: 2018 Primary General	1,7,12	1000.00			
State: GA District: 01	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
3. KENNY MARCHANT FOR CONG	RESS		Date of Disbursement			
Mailing Address 104 HUME AVENUE		07 12 2018				
,	State Zip Code		FEC Identification Number			
ALEXANDRIA Purpose of Disbursement	VA 22301		C C00393348			
·						
Candidate Name	,	Category/ Type	Transaction ID: SB23.56401 Amount of Each Disbursement this Period			
	nent For: 2018 Primary		4000.00			
State: TX District: 24	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) C. LARSON FOR CONGRESS	Full Name (Last, First, Middle Initial)					
Mailing Address 413 NEW JERSEY AVE - BASEME		07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code		FFO Identification Number			
WASHINGTON	DC 20003		FEC Identification Number			
Purpose of Disbursement			C C00330142			
Candidate Name	Category/	Transaction ID : SB23.56402 Amount of Each Disbursement this Period				
Office Sought: House Disburser	Туре	1500.00				
	Primary General Other (specify)					
State: CT District: 01			Memo Item			
SUBTOTAL of Disbursements This Page (optional)			6500.00			
TOTAL This Period (last page this line number only)			6500.00			