

**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="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

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).....	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
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23550.00	128060.00
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)).....▶	23550.00	128060.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23550.00	128060.00

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	35.00	419.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35.00	419.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	129450.00
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)) ..	6535.00	129869.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6535.00	129869.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	23550.00	128060.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23550.00	128060.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35.00	419.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35.00	419.00

**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. Bauer, Stephen, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Diamond St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy San Juan Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 23 / 2018**
Transaction ID : SA11AI.56436
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bihlmeyer, Sharon, K, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7200 Hickory Creek Dr
 City Dexter State MI Zip Code 48130
 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 ▼ 250.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.56467
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bui, Marilyn, M., Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Anat Path 12902 USF Magnolia Dr
 City Tampa State FL Zip Code 33612-9416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) H Lee Moffitt Cancer Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 27 / 2018**
Transaction ID : SA11AI.56452
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 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. Carry, James, B, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 5555 Grossmont Center Dr
 City La Mesa State CA Zip Code 91942-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grossmont Hosp-Sharp Healthcare Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2018
Transaction ID : SA11AI.56410
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Clarke, Martha, R, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Bower Hill Rd
 City Pittsburgh State PA Zip Code 15243-1873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Clair Memorial Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56453
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Dash, Rajesh, Chandra, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 Box 3712
 City Durham State NC Zip Code 27710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Univ Hosp & Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2018
Transaction ID : SA11AI.56438
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 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. DeCresce, Robert, P, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University Pathology Consultants Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56463
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Fody, Edward, P, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lab
 602 Michigan Ave
 City Holland State MI Zip Code 49423-4918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holland Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 19 / 2018
Transaction ID : SA11AI.56409
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Friedberg, Richard, C., Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Primrose Dr
 City Longmeadow State MA Zip Code 01106-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 19 / 2018
Transaction ID : SA11AI.56428
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 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. Godbey, Patrick, E., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Indigo Dr
 City Brunswick State GA Zip Code 31525-6865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeastern Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56460
 Amount of Each Receipt this Period 5000.00
 Memo Item

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

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56450
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hussong, Jerry, W, Dr., MD, DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10011 Stonelake Blvd 454
 City Austin State TX Zip Code 78759-5825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sonic Healthcare USA Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2018
Transaction ID : SA11AI.56412
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
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 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. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : SA11AI.56445

Amount of Each Receipt this Period
1000.00

Memo Item

B. Macleay Jr, Lachlan, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2015 Karren LN

City Carlsbad	State CA	Zip Code 92008-2726
------------------	-------------	------------------------

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

Name of Employer (for Individual) Palomar Health Downtown Campus Lab	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

Transaction ID : SA11AI.56421

Amount of Each Receipt this Period
350.00

Memo Item

C. Pritt, Bobbi, S, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Div of Clinical Microbiology
200 1st St SW

City Rochester	State MN	Zip Code 55905-0002
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic - Arizona	Occupation (for Individual) Pathologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : SA11AI.56446

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 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. Scamurra, David, O, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2950 Elmwood Ave
 City Kenmore State NY Zip Code 14217-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) X Cell Labs of Western NY Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56448
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Slagel, Daniel, D, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Path Associates
 250 Mercy Dr G231
 City Dubuque State IA Zip Code 52004-0731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Clinical Laboratories Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56447
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Talbott, L, Brent, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3445 Executive Ctr Dr Ste 250
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clinical Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2018
Transaction ID : SA11AI.56420
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 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. Volmar, Keith, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Rex Healthcare Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 19 / 2018
Transaction ID : SA11AI.56419
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Weydert, Jamie, Allen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address McFarland Clinic-Pathology 1215 Duff Ave
 City Ames State IA Zip Code 50010-5400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McFarland Clinic PC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56451
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Williams, R. Bruce, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4801 Ambassador Caffery Pkwy
 City Lafayette State LA Zip Code 70508-6917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Our Lady of Lourdes Regional MC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2018
Transaction ID : SA11AI.56461
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 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. Young, Nancy, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Path and Lab Med
 5501 Old York Rd
 City Philadelphia State PA Zip Code 19141-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albert Einstein Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **07 / 27 / 2018**
Transaction ID : SA11AI.56454
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Zepeda, Hector, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10175 Gateway Blvd W Ste 116
 City El Paso State TX Zip Code 79925-7618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Del Sol Med Ctr Immediate Care Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **07 / 27 / 2018**
Transaction ID : SA11AI.56449
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	20900.00

**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
0	7		2	0		2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B.56399

Amount of Each Disbursement this Period

35.00

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

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

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)..... ▶

35.00

35.00

**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. BUDDY CARTER FOR CONGRESS

Mailing Address 824 S MILLEDGE AVE
SUITE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 12 / 2018

FEC Identification Number

C C00543967

Transaction ID : SB23.56400

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KENNY MARCHANT FOR CONGRESS

Mailing Address 104 HUME AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 24

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 12 / 2018

FEC Identification Number

C C00393348

Transaction ID : SB23.56401

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LARSON FOR CONGRESS

Mailing Address 413 NEW JERSEY AVE - BASEMENT LEVE

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: CT District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 12 / 2018

FEC Identification Number

C C00330142

Transaction ID : SB23.56402

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

6500.00

6500.00