

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
 Check if different than previously reported. (ACC) Washington DC 20005

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 MM / DD / YYYYYY

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

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**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="2016"/>	<input type="text" value="486810.44"/>	<input type="text" value="486810.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="541193.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25854.00"/>	<input type="text" value="132465.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="567047.74"/>	<input type="text" value="619275.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8614.40"/>	<input type="text" value="60842.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="558433.34"/>	<input type="text" value="558433.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / 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).....	23800.00	116450.00
(ii) Unitemized	2054.00	16015.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25854.00	132465.00
(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)	25854.00	132465.00
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))..... ▶	25854.00	132465.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25854.00	132465.00

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	114.40	442.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	114.40	442.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	59900.00
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	500.00
(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	500.00
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)) ..	8614.40	60842.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8614.40	60842.10

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)	25854.00	132465.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25854.00	131965.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	114.40	442.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	114.40	442.10

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(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. Chandnish K Ahluwalia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Verdugo Blvd
 City Glendale State CA Zip Code 91208-1409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Verdugo Hills Hosp Occupation 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
 04 / 05 / 2016
Transaction ID : SA11AI.54016
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Paul Bachner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path & Lab Med
 800 Rose St MSC 112
 City Lexington State KY Zip Code 40536-0298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Kentucky Med Ctr 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
 04 / 06 / 2016
Transaction ID : SA11AI.54020
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dr. Jiri Biorn Bedrnicek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address The Pathology Ctr
 8303 Dodge St
 City Omaha State NE Zip Code 68114-4108
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : SA11AI.54010
 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 7 OF 23
	<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. Jane A Bennett-Munro MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
650 Addison Ave W

City Twin Falls State ID Zip Code 83301-5444

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

Name of Employer St Luke's Magic Valley Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2016
Transaction ID : SA11AI.54007

Amount of Each Receipt this Period 500.00

Memo Item

B. L Curtis Buchholz Dr.
Full Name (Last, First, Middle Initial)

Mailing Address Lab
44455 Sterling Hwy

City Soldotna State AK Zip Code 99669

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

Name of Employer Peninsula Pathology Institute Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54024

Amount of Each Receipt this Period 500.00

Memo Item

c. Dr. David K Carter MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
407 E 3rd St

City Duluth State MN Zip Code 55805-1950

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

Name of Employer St. Mary's/Duluth Clinic Health System Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2016
Transaction ID : SA11AI.54018

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 23
(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. DeWitt S Davenport MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5013 Oakmont
 City Harlingen State TX Zip Code 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Hosp at Renaissance Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : SA11AI.54005
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Dr. Theresa S Emory MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 W State St
 City Bristol State TN Zip Code 37620-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highlands Pathology Consultants, PC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.54044
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Dr. Brenda Lee Eriksen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 901 MacArthur Blvd
 City Munster State IN Zip Code 46321-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Community Hospital Occupation 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
 04 / 07 / 2016
Transaction ID : SA11AI.54023
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
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 23
	<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. Edward Ewing DO

Full Name (Last, First, Middle Initial)
Mailing Address Lab
405 W Grand Ave

City Dayton State OH Zip Code 45405-4720

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

Name of Employer Grandview Hospital and Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2016

Transaction ID : SA11AI.54026

Amount of Each Receipt this Period
500.00

Memo Item

B. Dr. K. Barton Farris MD

Full Name (Last, First, Middle Initial)
Mailing Address Delta Pathology
1101 Medical Center Blvd

City Marrero State LA Zip Code 70072-3147

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

Name of Employer West Jefferson Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2016

Transaction ID : SA11AI.54047

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr. Mary Elizabeth Fowkes MD,PhD

Full Name (Last, First, Middle Initial)
Mailing Address 1468 Madison Ave
Annenberg 15-22

City New York State NY Zip Code 10029

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

Name of Employer Mount Sinai Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2016

Transaction ID : SA11AI.54011

Amount of Each Receipt this Period
1000.00

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: PAGE 10 OF 23
(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. Dr. Lauren A Hammock MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 72059

City Eugene	State OR	Zip Code 97401-0285
----------------	-------------	------------------------

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

Name of Employer Pathology Consultants PC	Occupation Pathologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2016

Transaction ID : SA11AI.54033

Amount of Each Receipt this Period
2500.00

Memo Item

B. Dr. Michael Joseph Hayes MD
Full Name (Last, First, Middle Initial)
Mailing Address 1 Science CT Ste 200

City Columbia	State SC	Zip Code 29203-9653
------------------	-------------	------------------------

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

Name of Employer Professional Pathology Services	Occupation Pathologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2016

Transaction ID : SA11AI.54037

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr. Gene N Herbek MD
Full Name (Last, First, Middle Initial)
Mailing Address The Path Center
8303 Dodge St

City Omaha	State NE	Zip Code 68114-4108
---------------	-------------	------------------------

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

Name of Employer Methodist Hospital Pathology	Occupation Pathologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2016

Transaction ID : SA11AI.54027

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 23
<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. William F. Hickey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path/Borwell Bldg
 1 Medical Center Dr
 City Lebanon State NH Zip Code 03756-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Med School Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 01 / 2016**
Transaction ID : SA11AI.54014
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr. Rebecca L. Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 W. Kennedy Blvd Ste 690
 City Tampa State FL Zip Code 33609-2571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Board of Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 07 / 2016**
Transaction ID : SA11AI.54041
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Dr. Mustafa Kaakour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1676 Sunset Ave
 City Utica State NY Zip Code 13502-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Faxton-St Lukes Healthcare Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 13 / 2016**
Transaction ID : SA11AI.54050
 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 23
<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. Donald Steven Karcher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2120 L St NW Ste 200
 City Washington State DC Zip Code 20037-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George Washington Univ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 27 / 2016
Transaction ID : SA11AI.54064
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. Bradley S. Karon MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 200 First St SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Pathologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 300.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54022
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Dr. Marc Elwin Keen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Director of Clin Lab
 1 N Atkinson Dr
 City Ludington State MI Zip Code 49431-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Medical Center of West Michig Occupation Pathologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 2000.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54036
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2550.00
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 13 OF 23
(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. Lawrence C. Kenyon MD,PhD

Mailing Address 132 S 10th St

City Philadelphia State PA Zip Code 19107-5244

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

Name of Employer Thomas Jefferson University Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54034

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr Jonathan S Krauss MD

Mailing Address PO Box 12611

City Augusta State GA Zip Code 30914-0611

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54031

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. John A Laczin MD

Mailing Address 1950 Mulsanne Dr

City Zionsville State IN Zip Code 46077-9076

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

Name of Employer Covance Central Lab Svcs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54030

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 23
	<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. Alan Levin MD
Full Name (Last, First, Middle Initial)

Mailing Address 1701 SE Hillmoor Dr Ste C-11

City Port Saint Lucie	State FL	Zip Code 34952-7541
--------------------------	-------------	------------------------

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

Name of Employer St Lucie Medical Center	Occupation Pathologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

Transaction ID : SA11AI.54021

Amount of Each Receipt this Period
500.00

Memo Item

B. Dr. Jerome M. Loew MD
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology
1750 W Harrison St

City Chicago	State IL	Zip Code 60612-3825
-----------------	-------------	------------------------

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

Name of Employer Rush University Med Ctr	Occupation Pathologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.54045

Amount of Each Receipt this Period
250.00

Memo Item

c. Dr. Marlene Luisa Magrini-Greyson MD
Full Name (Last, First, Middle Initial)

Mailing Address Path Lab
1000 N Lee Ave

City Oklahoma City	State OK	Zip Code 73102-1036
-----------------------	-------------	------------------------

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

Name of Employer St Anthony Hospital	Occupation Pathologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.54049

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 15 OF 23
	<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. J. Paul McCarthy Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 400 W. 16th St.
 City Pueblo State CO Zip Code 81003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Med Ctr 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
 04 / 01 / 2016
Transaction ID : SA11AI.54012
 Amount of Each Receipt this Period
500.00
 Memo Item

B. Dr. Jacqueline Graubard Monheit MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5463 Darnell St
 City Houston State TX Zip Code 77096-1245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : SA11AI.54006
 Amount of Each Receipt this Period
300.00
 Memo Item

C. Dr. Meenakshi Arvind Nandedkar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3302 Enterprise Rd
 City Mitchellville State MD Zip Code 20721-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diagnostic Pathology Services PC Occupation 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
 04 / 27 / 2016
Transaction ID : SA11AI.54068
 Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 16 OF 23
(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. Dr Manju E. Nath MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Pathology
1301 Carlisle St

City Natrona Heights State PA Zip Code 15065-1152

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

Name of Employer Alle-Kiski Med Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54035

Amount of Each Receipt this Period 350.00

Memo Item

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

Mailing Address Div of Clinical Microbiology
200 1st St SW

City Rochester State MN Zip Code 55905-0002

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

Name of Employer Mayo Clinic Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2016
Transaction ID : SA11AI.54062

Amount of Each Receipt this Period 250.00

Memo Item

c. Dr. Cory Anthony Roberts MD
Full Name (Last, First, Middle Initial)

Mailing Address 1355 River Bend Dr

City Dallas State TX Zip Code 75247-4915

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

Name of Employer ProPath Laboratory Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2016
Transaction ID : SA11AI.54004

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 23
(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. Dr. Michael C Royer MD
Full Name (Last, First, Middle Initial)
Mailing Address 306 12th St NE
City Washington State DC Zip Code 20002-6320
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Walter Reed Natl Military Med Ctr Pathologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 07 / 2016
Transaction ID : SA11AI.54038
Amount of Each Receipt this Period
500.00
 Memo Item

B. Dr. Karim E Sirgi MD,MBA
Full Name (Last, First, Middle Initial)
Mailing Address 11693 E Ida Ave
City Englewood State CO Zip Code 80111-4136
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Presbyterian St Lukes Med Center Pathologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 05 / 2016
Transaction ID : SA11AI.54017
Amount of Each Receipt this Period
250.00
 Memo Item

C. Dr. Kathryn Frances Skitarelic MD
Full Name (Last, First, Middle Initial)
Mailing Address 4 14th Fairway Ct
City Morgantown State WV Zip Code 26508-4575
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
04 / 07 / 2016
Transaction ID : SA11AI.54032
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 18 OF 23
<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. Charles Edward Slonaker III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24410 Oaklawn Plantation Rd
 City Pass Christian State MS Zip Code 39571-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mem Hosp at Gulfport Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 14 / 2016
Transaction ID : SA11AI.54051
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 04 / 27 / 2016
Transaction ID : SA11AI.54070
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dr. Stephen Christopher Ward MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Annenberg Bldg/Dept of Path One Gustave L Levy Place Box 1194
 City New York State NY Zip Code 10029-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt. Sinai School of Medicine Occupation unaffiliated
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2016
Transaction ID : SA11AI.54042
 Amount of Each Receipt this Period 500.00
 Memo Item

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: PAGE 19 OF 23
(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. Gerald Thomas Wedemeyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab
 327 Medical Park Dr
 City Bridgeport State WV Zip Code 26330-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Hospital Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2016
Transaction ID : SA11AI.54065
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Jeff A. Welsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lexington Medical Center
 Dept of Path
 City West Columbia State SC Zip Code 29169-4810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2016
Transaction ID : SA11AI.54029
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr. Jerome S Wilkenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21214 Northwest Fwy
 City Cypress State TX Zip Code 77429-3373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Cypress Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : SA11AI.54009
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	23800.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Moneris ACH Discount

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2016

Transaction ID : SB21B.53991

Amount of Each Disbursement this Period

41.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2016

Transaction ID : SB21B.53992

Amount of Each Disbursement this Period

72.50

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

114.40

114.40

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : SB23.53993

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CO District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : SB23.53994

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 232 NE 9TH AVE.

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : SB23.53997

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)..... ▶

3500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 22

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2016

Transaction ID : SB23.53998

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Diana DeGette for Congress

Mailing Address P O BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CO District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2016

Transaction ID : SB23.53999

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 100

City TEANECK State NJ Zip Code 07666

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NJ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2016

Transaction ID : SB23.54000

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)..... ▶

3000.00

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

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

Full Name (Last, First, Middle Initial) A. Price for Congress		Date of Disbursement MM / DD / YYYY 04 / 28 / 2016
Mailing Address P.O. Box 425		Transaction ID : SB23.54001
City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ROB WOODALL FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 28 / 2016
Mailing Address POST OFFICE BOX 1871		Transaction ID : SB23.54002
City LAWRENCEVILLE State GA Zip Code 30046	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	8500.00