Image# 15951396522 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Other Than All All	dinonzea commi			Office Use Only
NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If ty over the lines.		12FE4M5	
College of American Path	nologists Political	Action Commit	tee		
<u> </u>					
ADDRESS (number and street)	1350 I Street, NW				
Check if different	Suite 590				
than proviously	Washington			DC	20005
2. FEC IDENTIFICATION NUME	BER ▼ C	CITY 🛦		STATE A	ZIP CODE ▲
C C00274944	3.	IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	M	ar 20 (M3)	Jun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		pr 20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (1 Convention		General (
October 15 Quarterly Report (Q3)	neport for the.	Convention	1 (120)	Special (123)
January 31 Year-End Report (YE)	Elec	etion on	/ D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (3	90G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		ition on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 04	/ D D / Y Y 2015	through	M M M	30	2015
I certify that I have examined this F	Report and to the best	of my knowledge and	d belief it is tru	ue, correct and	complete.
Type or Print Name of Treasurer	John Michael Misialek Dr				
Signature of Treasurer John Mich	hael Misialek Dr.	[Electronic	ally Filed]	Date 05	/ 19 / Y Y Y Y Y Y 2015
NOTE: Submission of false, erroneous	s, or incomplete informat	tion may subject the p	erson signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 04 01 2015 To: 04 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		405859.24
	(b) Cash on Hand at Beginning of Reporting Period	486257.04	
	(c) Total Receipts (from Line 19)	4160.00	118608.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	490417.04	524467.24
7.	Total Disbursements (from Line 31)	17614.40	51664.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	472802.64	472802.64
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		041311411111111111111111111111111111111
(a) Individuals/Persons Other		
Than Political Committees	2750.00	99495.00
(i) Itemized (use Schedule A)	2750.00	99493.00
(ii) Unitemized(iii) TOTAL (add	1410.00	19113.00
Lines 11(a)(i) and (ii)	4160.00	118608.00
(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)	4160.00	118608.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	,	,
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin F	ds	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (nom schedule 115)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4160.00	118608.00
D. Total Federal Receipts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calculation to Buto
	(i) Federal Share	0.00	0.00
		0.00	0.00
(1	(ii) Non-Federal Share	0.00	0.00
(1	b) Other Federal Operating Expenditures	114.40	414.60
(0	c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	114.40	414.60
	ransfers to Affiliated/Other Party		
	CommitteesContributions to	0.00	0.00
F	ederal Candidates/Committees nd Other Political Committees	17500.00	51250.00
	ndependent Expenditures	0.00	0.00
C	use Schedule E) Coordinated Party Expenditures	7 7	
(<u>/</u>	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
(1	b) Political Party Committees	0.00	0.00
(0	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
C	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
(;	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(// 1 0001011 01101011111111111111111111		
	(ii) "Levin" Share	0.00	0.00
(1	b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds c) Total Federal Election Activity (add	0.00	0.00
((c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
		7	
	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	17614.40	51664.60
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	17614.40	51664.60
Iľ	rom Line 31)	17014.40	31004.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4160.00	118608.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4160.00	118608.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	114.40	414.60
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	114.40	414.60

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	13		
	(c	he	ck only	or	ne)					
		X	11a		11b		11c	12		
			13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee to					
NAME OF COMMITTEE (In Full)	giota Palitical Action Committee					
College of American Patholo	gists Political Action Committee					
Full Name (Last, First, Middle Initial) A. Dr. Walter Martin Klein MD		Date of Receipt				
Mailing Address Dept of Path 130 S Bryn Mawr Ave		04 23 _ 2015				
City	State Zip Code	Transaction ID : SA11AI.52806				
Bryn Mawr	PA 19010-3121	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Bryn Mawr Hospital	Pathologist					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) 3. Dr. Richard H Knierim MD		Date of Receipt				
Mailing Address 11920 NE 39th St	M M / D D / Y Y Y Y					
City	State Zip Code	04 12 2015 Transaction ID : SA11AI.52796				
	Bellevue WA 98005-1250 FEC ID number of contributing					
FEC ID number of contributing federal political committee.						
Name of Employer	1					
unaffiliated	Pathologist					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) Dr. Kathryn Teresa Knight MD		Date of Receipt				
Mailing Address 326 Haddon Ct		04 16 2015				
City	State Zip Code	Transaction ID : SA11AI.52803				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer	Occupation					
Unaffiliated						
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1000.00					
SURTOTAL of Receipts This Page (antional)	1750.00				
TOTAL OF Receipts This Page (optional	J					
TOTAL This Period (last page this line num	ber only)					

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

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) for each category of the Detailed Summary Page

ı	1011	LIIVL	IVO	IVIDEI	ITAGE	-	•	Oi	10
	(che	ck only	or	ne)					
	X	11a		11b	11c		12		
		13		14	15		16		17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	gists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Dawson E Scarborough MD Mailing Address 3000 New Bern Ave City Raleigh FEC ID number of contributing federal political committee. Name of Employer Wake Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NC 27610-1231 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt 04 08 2015 Transaction ID: SA11AI.52794 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee.	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optiona	l) >	1000.00
TOTAL This Period (last page this line num	ber only)	2750.00

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SCHEDULE B (FEC Form 3X)	Han annual of the Co.	FOR LINE	PAGE 8 OF 13		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one) ▼ 21b 22 23 24 24		
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and State	ments may not be sold or use	ed by any perso	on for the purpose of	soliciting contributions	
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)		T			
College of American Pathologists	Political Action Comr	nittee			
Full Name (Last, First, Middle Initial)			D . (D:)		
A. Sun Trust Bank			Date of Disburseme	ent	
Mailing Address P.O. Box 85024			04 03	2015	
City	State Zip Code		Transaction ID : \$	SB21B.52768	
Richmond Purpose of Disbursement	VA 23285		Transaction 12 T	552 - 5.62 - 66	
Suntrust Moneris ACH Discount			Amount of Each Di	sbursement this Period	
Candidate Name		Category/		41.90	
Office Cought. House Dishurs	ment Fem	Туре		41.90	
Office Sought: House Disburse Senate	ment For: Primary General				
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)					
B. Sun Trust Bank			Date of Disburseme		
Mailing Address P.O. Box 85024			04 / 20	2015	
City Richmond	State Zip Code VA 23285		Transaction ID :	SB21B.52769	
Purpose of Disbursement Suntrust Account Analysis Fee			Amount of Each Di	sbursement this Period	
Candidate Name		Category/			
		Туре		72.50	
Office Sought: House Disburse Senate	ment For: Primary General				
President	Other (specify)				
State: District:	(-				
Full Name (Last, First, Middle Initial)					
C.			Date of Disburseme	ent	
Mailing Address			M M / D D	/ Y Y Y Y Y	
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Di	sbursement this Period	
Office Sought: House Disburse	ment For:	71: -			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional).				114.40	
COLUMN TIME OF BIODATOCHICA TIME I age (optional).			7		
TOTAL This Period (last page this line number only	′)			114.40	

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE				9 C)F 13
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(Greek Grily Gree)			٦		
			Summary Page	21b	22	X 23	24	25 29	26
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
Ĺ	NAME OF COMMITTEE (In Full)	. ,	7						
$ \rangle$	College of American Pathologists F	Political A	Action Com	mittee					
\angle			.55 50						
A	Full Name (Last, First, Middle Initial)				Det				
Α.	BUTTERFIELD FOR CONGRESS					Disbursem			
	Mailing Address P.O. BOX 2571				04	08		015	Y
	,	State	Zip Code		Trans	action ID :	SB23 5277	n	
	WILSON Purpose of Disbursement	NC	27894				0220.0277	•	
	rurpose of disbursement				Amoun	t of Each D	isbursemen	t this F	Period
	Candidate Name			Category					
				Category/ Type		-	7	1000	.00
		nent For: 2	016						
		Primary	General						
	State: NC District: 01	Other (spec	ify) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.	FRIENDS OF JOE PITTS				Date of	Disbursem	ent		
	TRIENDO OF OCETITIO				M M	/ D D	/ Y Y	Y	Υ
	Mailing Address P.O. BOX 775				04	28	2	015	
	City S UNIONVILLE	State PA	Zip Code 19375		Trans	action ID:	SB23.5277	3	
	Purpose of Disbursement	. , ,	10070						
				1 11	Amoun	t of Each D	isbursemen	t this F	Period
	Candidate Name			Category/				1500	00
	Office Cought: A House			Туре		7	7	1000	.00
		nent For: 2 Primary	016 General						
		Other (spec							
	State: PA District: 16	(-	<i>y</i> , √						
	Full Name (Last, First, Middle Initial)								
C.	GEORGIANS FOR ISAKSON				Date of	Disbursem	ent		
	M.W. All D. D. Davidson				M M	/ D D		045	Υ
	Mailing Address P.O. BOX 250116				04	28	2	015	
	City	State	Zip Code					_	
	ATLANTA	GA	30325		Trans	action ID :	SB23.5277	4	
	Purpose of Disbursement								
	Candidate Name			Amoun	t of Each D	isbursemen	t this F	Period	
	Candidate Name			Category/ Type				1000	.00
	Office Sought: House Disbursen	nent For: 2		Турс		7	7		
		Primary	General						
	President	Other (spec	ify) ▼						
_	State: GA District: 00								
								2500	00
L	SUBTOTAL of Disbursements This Page (optional)			·····		-		3500.	.00
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b	22 X 23	24 25 26		
[27	28a 28b	28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
College of American Pathologists	Political Action Comr	nittee				
Full Name (Last, First, Middle Initial)						
A. HUDSON FOR CONGRESS			Date of Disbursemen			
Mailing Address PO BOX 5053			04 28	2015		
City	State Zip Code		Transaction ID - Cl	000 50775		
CONCORD	NC 28027		Transaction ID : SI	523.32773		
Purpose of Disbursement			Amount of Each Dis	bursement this Period		
Candidate Name		Oata ware /	7			
		Category/ Type		1000.00		
	ment For: 2016					
Senate	Primary General					
State: NC District: 08	Other (specify) ▼					
Full Name (Last, First, Middle Initial) B. KRISTI FOR CONGRESS			Date of Disbursemer	nt		
5. KRISTI FOR CONGRESS			M M / D D	/ Y Y Y Y		
Mailing Address PO BOX 852			04 28	2015		
City	State Zip Code SD 57101		Transaction ID : S	B23.52781		
SIOUX FALLS Purpose of Disbursement	SD 57101					
. 4.,5555 6. 2.654.655			Amount of Each Dis	bursement this Period		
Candidate Name		Category/				
		Type		1500.00		
	ment For: 2016					
	Primary General					
President	Other (specify) ▼					
State: SD District: 00						
Full Name (Last, First, Middle Initial) C. MARSHA BLACKBURN FOR COI	NCDESS INC		Date of Disbursemer	nt		
WARSHA BEACKBOKKI OK COL	NONLOG INC.		M M / D D	/ Y Y Y Y Y		
Mailing Address PO Box 3750			04 08	2015		
City	State Zip Code					
BRENTWOOD	TN 37024		Transaction ID : S	B23.52771		
Purpose of Disbursement						
			Amount of Each Dis	bursement this Period		
Candidate Name		Category/		2500.00		
0//		Туре		2300.00		
Office Sought: House Disburse	ment For: 2016					
President	Primary General Other (specify) ▼					
State: TN District: 07	onici (opcony) ▼					
111 212300 01						
SUBTOTAL of Disbursements This Page (optional).				5000.00		
3 (111 11)						
TOTAL This Period (last page this line number only	r)			7		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 13							
ITEMIZED DISBURSEMENTS	Use separate schedule(s)		(check only one)						
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26						
	Dotailed Cultilliary 1 age	27	28a 28b 28c 29 30b						
Any information copied from such Reports and State									
or for commercial purposes, other than using the na	me and address of any politi	cal committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		•							
College of American Pathologists	Political Action Com	mittee							
Full Name (Last, First, Middle Initial)									
A. MARSHA BLACKBURN FOR CO	Date of Disbursement								
	04 28 2015								
Mailing Address PO Box 3750									
City	State Zin Code								
City BRENTWOOD	State Zip Code TN 37024		Transaction ID: SB23.52783						
Purpose of Disbursement	37024								
		1	Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
		Type	1000.00						
	ment For: 2016								
Senate	Primary General								
State: TN District: 07	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
	MCCONNELL FOR MAJORITY LEADER COMMITTEE								
WOODINITE TO K W/ WOOTH TE		-	Date of Disbursement						
Mailing Address 228 S WASHINGTON ST STE 1		04 28 2015							
City	State Zip Code VA 22314		Transaction ID : SB23.52784						
ALEXANDRIA Purpose of Disbursement	VA 22314								
. ,			Amount of Each Disbursement this Period						
Candidate Name		Category/							
		Type	2500.00						
Office Sought: House Disburse	ment For: 2015								
Senate	Primary General								
State: KY District: 00	Other (specify) ▼								
C. PASCRELL FOR CONGRESS	Full Name (Last, First, Middle Initial)								
TAGGREET ON CONGRESS			Date of Disbursement						
Mailing Address P.O. BOX 100	Address P.O. BOX 100								
City	State Zip Code NJ 07666		Transaction ID : SB23.52772						
TEANECK Purpose of Disbursement	NJ 07666								
			Amount of Each Disbursement this Period						
Candidate Name		Category/							
		Type	1000.00						
	ment For: 2016		,						
Senate	Primary General								
President	Other (specify) ▼								
State: NJ District: 09									
SUPTOTAL of Dishuraamenta This Dans (anti)			4500.00						
SUBTOTAL of Disbursements This Page (optional).		·····							
TOTAL This Period (last page this line number only	·)								

S	CHEDULE B (FEC Form 3X)			FOR L	LINE N	UMBER:			PAG	E 12	OF	13
T	EMIZED DISBURSEMENTS		arate schedule(s) category of the		c only o				_			
			Summary Page		21b	22	X 23	.	24	25		26
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<u>\</u>	NAME OF COMMITTEE (In Full)	o ana aaa	ess of any political			Joholt Gol	THIDUHO	110 110	111 3401	00111111	ittoo.	
	College of American Pathologists P	Olitical	Action Comm	nittee								
/_		Ontical	Action Comm	iiiioo								
_	Full Name (Last, First, Middle Initial)											
Α.	PAT ROBERTS FOR SENATE				Date of	Disbur	seme					
	Mailing Address PO BOX 433					04	/ D	28	/ Y	2015	Y	
						O.I		Ļ		2010		
	,	tate	Zip Code			Trans	action	ın · s	B23.52	786		
		KS	67530									
	Purpose of Disbursement		- 1			Amount	of Eac	h Dis	bursem	ent this	Period	d
	Candidate Name		L	Categor	v/		-	-	-	-	-	4
				Type	y,				- 7	100	00.00	
		ent For: 2										
		Primary	General									
	State: KS District: 00	Other (spe	CITY) 🔻									
	Full Name (Last, First, Middle Initial)											
В.	TENN POLITICAL ACTION COMM	IITTEE	INC (TENN F	PAC)		Date of	Disbur	seme	nt			
				, (0)		M M	/ D	■ D	/ Y	YY	Y	
	Mailing Address 1015 STONEBRIDGE PARK DRIV	E				04	J L	28		2015		
	City	toto	Zin Codo									
	,	tate TN	Zip Code 37069			Trans	action	ID : S	B23.52	787		
			Zip Code 37069		_	Trans	action	ID : S	B23.52	787		
	FRANKLIN Purpose of Disbursement					Trans					Period	d
	FRANKLIN			Category	y/					ent this	-	d
	FRANKLIN Purpose of Disbursement Candidate Name	TN	37069	Category Type	y/					ent this	Period	d
	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Disbursem	TN nent For:	37069		y/					ent this	-	d
	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate	nent For:	37069 2015 General		y/					ent this	-	d
	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate	TN nent For:	37069 2015 General		y/					ent this	-	d
_	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	nent For:	37069 2015		y/	Amount	of Eac	ch Dis	bursem	ent this	-	d
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<u>.</u> с.	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) TIM SCOTT FOR SENATE Mailing Address 499 SOUTH CAPITOL STREET SUITE 420	nent For:	37069 2015		y/	Date of	of Eac	rseme	bursem	ent this 100	00.00	d
С.	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) TIM SCOTT FOR SENATE Mailing Address 499 SOUTH CAPITOL STREET SUITE 420 City S WASHINGTON	TN ment For: : Primary Other (spec	37069 2015 General cify) Other		y/	Date of	of Eac	rseme	bursem	ent this 100	00.00	d
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C.	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) TIM SCOTT FOR SENATE Mailing Address 499 SOUTH CAPITOL STREET SUITE 420 City SWASHINGTON Purpose of Disbursement Candidate Name Office Sought: House Senate President Disbursement	nent For: ; Primary Other (spec	37069 2015	Type		Date of 04	Disbur	rseme 28	nt Y	ent this	Y Period	
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C.	FRANKLIN Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) TIM SCOTT FOR SENATE Mailing Address 499 SOUTH CAPITOL STREET SUITE 420 City SWASHINGTON Purpose of Disbursement Candidate Name Office Sought: House Senate President Disbursement	TN nent For: ; Primary Other (special content for: ; Primary Other (special content for: ;	37069 2015	Type Category Type	y/	Date of 04	Disbur	rseme 28	nt Y	ent this 100 2015 789 ent this 150	Period	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF 13						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:					
II LIVIIZED DISBURSEIVIEN IS	for each category of the	21b	22 💢 23 24 25 26					
	Detailed Summary Page	27	28a 28b 28c 29 30b					
Any information copied from such Reports and State	ments may not be sold or use	ed by any nerse	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
ig College of American Pathologists $ig $	Political Action Comr	mittee						
Full Name (Last, First, Middle Initial)			D . (D)					
A. VOLUNTEERS FOR SHIMKUS	Date of Disbursement O4 28 2015							
Mailing Address P.O. BOX 661								
Mailing Address F.O. BOX 001			04 20 2013					
City	State Zip Code							
COLLINSVILLE	IL 62234-0661		Transaction ID: SB23.52790					
Purpose of Disbursement								
			Amount of Each Disbursement this Period					
Candidate Name		Category/	1000.00					
Office Sought: House Disburse	ment For: 2016	Туре						
Senate Dispurse	Primary General							
President	Other (specify)							
State: IL District: 15	• · · · · · (• • • · · · · · · · · · · · · · · · ·							
Full Name (Last, First, Middle Initial)								
B.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address	Mailing Address							
0"	O							
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		Type	7					
	ment For:							
Senate President	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C.								
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,5000 0	Amount of Each Disbursement this Period							
Candidate Name		Category/	Amount of Each Dispulsement this Fellou					
		Type						
Office Sought: House Disburse	ment For:							
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President	Other (specify) ▼							
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SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00					
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