

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

2. FEC IDENTIFICATION NUMBER C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2015 through 04 / 30 / 2015

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 05 / 19 / 2015

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

**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="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

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).....	2750.00	99495.00
(ii) Unitemized	1410.00	19113.00
(iii) TOTAL (add 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
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))..... ▶	4160.00	118608.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4160.00	118608.00

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
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	414.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	114.40	414.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	51250.00
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	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	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)) ..	17614.40	51664.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17614.40	51664.60

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)	4160.00	118608.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4160.00	118608.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	114.40	414.60
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	414.60

**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 13
<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. Dr. Walter Martin Klein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 130 S Bryn Mawr Ave
 City Bryn Mawr State PA Zip Code 19010-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bryn Mawr Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 23 / 2015**
Transaction ID : SA11AI.52806
 Amount of Each Receipt this Period **250.00**

B. Dr. Richard H Knierim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11920 NE 39th St
 City Bellevue State WA Zip Code 98005-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2015**
Transaction ID : SA11AI.52796
 Amount of Each Receipt this Period **500.00**

c. Dr. Kathryn Teresa Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 Haddon Ct
 City Franklin State TN Zip Code 37067
 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 **1000.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : SA11AI.52803
 Amount of Each Receipt this Period **1000.00**

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 7 OF 13
(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. Full Name (Last, First, Middle Initial)
Dr Dawson E Scarborough MD

Mailing Address 3000 New Bern Ave

City Raleigh State NC Zip Code 27610-1231

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

Name of Employer Wake Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015

Transaction ID : SA11AI.52794

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	2750.00

**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

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : SB21B.52768

Amount of Each Disbursement this Period

41.90

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

M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : SB21B.52769

Amount of Each Disbursement this Period

72.50

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 M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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. BUTTERFIELD FOR CONGRESS

Mailing Address P.O. BOX 2571

City WILSON State NC Zip Code 27894

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	5

Transaction ID : SB23.52770

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : SB23.52773

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR ISAKSON

Mailing Address P.O. BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : SB23.52774

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	5	0	0	0	0	0	0	0	0
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3	5	0	0	0	0	0	0	0	0
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**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. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 08

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 / 2015

Transaction ID : SB23.52775

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: SD 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 / 2015

Transaction ID : SB23.52781

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 07

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 / 08 / 2015

Transaction ID : SB23.52771

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

**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. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : SB23.52783

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : SB23.52784

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	5

Transaction ID : SB23.52772

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
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**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. PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : SB23.52786

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 1015 STONEBRIDGE PARK DRIVE

City FRANKLIN State TN Zip Code 37069

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Other

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : SB23.52787

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 499 SOUTH CAPITOL STREET
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : SB23.52789

Amount of Each Disbursement this Period

1500.00

Category/
Type

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. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City State Zip Code
COLLINSVILLE IL 62234-0661

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : SB23.52790

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

17500.00
