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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

College of American Pathologists Political Action Committee College of American Pathologists Political Action Committee		For Other Than An Au	thorized Committee	Office Use Only
ADDRESS (number and street) Check if different than previously reported, (ACC)		TYPE OR PRINT ▼		12FE4M5
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4. TYPE OF REPORT (D) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Report (Choose One) (D) Mar 20 (M3) Jun 20 (M6) X Sep 20 (M9) Dec 20 (M12) May 20 (M7) Due On: Mar 20 (M3) Jun 20 (M6) X Sep 20 (M9) Dec 20 (M12) May 20 (M7) Due On: Mar 20 (M3) Jun 20 (M6) X Sep 20 (M9) Dec 20 (M12) May 20 (M7) Due On: Mar 20 (M3) Jun 20 (M6) X Sep 20 (M9) Dec 20 (M12) May 20 (M7) Due On: Mar 20 (M4) Jul 20 (M7) Det 20 (M10) Jan 31 (YE) Mar 20 (M8) Ma	2. FEC IDENTIFICATION	N NUMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
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I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Misialek, Michael, , John, Dr. Signature of Treasurer Misialek, Michael, , John, Dr. [Electronically Filed] Date Office Use Description: One of through One o		port	ion on	
Misialek, Michael, , John, Dr. Signature of Treasurer Misialek, Michael, , John, Dr. [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010 Office Use FEC FORM 3X Rev. 05/2016	5. Covering Period			
Type or Print Name of Treasurer Misialek, Michael, , John, Dr. [Electronically Filed] Date Office Use Misialek, Michael, , John, Dr. [Electronically Filed] Date Misialek, Michael, , John, Dr. [Electronically Filed] Date FEC FORM 3X Rev. 05/2016	I certify that I have examine			is true, correct and complete.
Signature of Treasurer [Electronically Filed] Date 09 18 2017 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010 Office Use FEC FORM 3X Rev. 05/2016	Type or Print Name of Trea		D I.	
Office Use FEC FORM 3X Rev. 05/2016	Signature of Treasurer	Misialek, Michael, , John, Dr.	[Electronically Filed]	
Use Use Rev. 05/2016	NOTE: Submission of false, e	erroneous, or incomplete informati	on may subject the person sign	ing this Report to the penalties of 52 U.S.C. § 3010
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 08 01 2017 To: 08 31 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		444893.14
	(b) Cash on Hand at Beginning of Reporting Period	473491.64	
	(c) Total Receipts (from Line 19)	4550.00	171575.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	478041.64	616468.14
7.	Total Disbursements (from Line 31)	19559.00	157985.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	458482.64	458482.64
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. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

08 01 2017 08 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4000.00 151010.00 (i) Itemized (use Schedule A)..... 550.00 20565.00 (ii) Unitemized (iii) TOTAL (add 171575.00 4550.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 171575.00 4550.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))......▶ 4550.00 171575.00 20. Total Federal Receipts 4550.00 171575.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schoolule H4)		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(I)	0.00	0.00
(b)	(ii) Non-Federal Share Other Federal Operating	0.00	0.00
(0)	Expenditures	59.00	485.50
(c)			405.50
22 Tr	(add 21(a)(i), (a)(ii), and (b))	59.00	485.50
Co	ommittees	0.00	0.00
Fe	ontributions to ederal Candidates/Committees d Other Political Committees	19500.00	157500.00
	dependent Expenditures		
5. Co (5)	se Schedule E) pordinated Party Expenditures 2 U.S.C. § 30116(d))	0.00	0.00
(u	se Schedule F)	0.00	0.00
3. Lo	an Repayments Made	0.00	0.00
8. Re	ans Made	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
(b)	•	0.00	0.00
(c)		0.00	
(d)	(such as PACs) Total Contribution Refunds	0.00	0.00
(u)	(add Lines 28(a), (b), and (c))	0.00	0.00
9. Ot	her Disbursements (Including		
No	on-Federal Donations)	0.00	0.00
	ederal Election Activity (52 U.S.C. § 30101(2 Allocated Federal Election Activity (from Schedule H6)	0))	
	(i) Federal Share	0.00	0.00
(b)	(ii) "Levin" Share Federal Election Activity Paid	0.00	0.00
(c)	Entirely With Federal Funds Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	tal Disbursements (add Lines 21(c), 22,		
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	19559.00	157985.50
	tal Federal Disbursements ubtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	19559.00	157985.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 4550.00 171575.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 171575.00 4550.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 59.00 485.50 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 59.00 485.50 (subtract Line 37 from Line 36)

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bauer, Maureen, S, Dr, MD Date of Receipt Mailing Address 705 South Bend Dr 2017 City Zip Code State Transaction ID: SA11AI.55565 NC Durham 27713-6194 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Duke University Hospital** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bihlmeyer, Sharon, K, Dr., MD Date of Receipt Mailing Address 7200 Hickory Creek Dr 80 2017 City State Zip Code Transaction ID: SA11AI.55569 MI Dexter 48130 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Blight, Cathy, O, Dr, MD Date of Receipt Mailing Address Dept of Path 04 2017 1 Hurley Plz City State Zip Code Transaction ID: SA11AI.55542 MI Flint 48503-5902 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hurley Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dickman, Paul, S, Dr, MD Date of Receipt Mailing Address Dept of Path /Lab 1919 E Thomas Rd 2017 City Zip Code State Transaction ID: SA11AI.55566 ΑZ Phoenix 85016-7710 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Phoenix Children's Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goswitz, Joseph, J., Dr., MD Date of Receipt Mailing Address 311 Woodlawn Ave 15 2017 City State Zip Code Transaction ID: SA11AI.55562 MN Saint Paul 55105-1239 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mercy Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kois, Nancy, C, Dr., MD Date of Receipt Mailing Address 750 W Bannock St #987 13 2017 City Zip Code State Transaction ID: SA11AI.55558 ID Boise 83702 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VA Medical Center Boise 113 Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Leverone, Joseph, P, Dr., MD Date of Receipt Mailing Address 4800 Markay RDG 09 2017 City Zip Code State Transaction ID: SA11AI.55554 MN Minneapolis 55422-4121 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Josephs Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Macleay Jr, Lachlan, , Dr., MD Date of Receipt Mailing Address 2015 Karren LN 80 2017 City State Zip Code Transaction ID: SA11AI.55556 Carlsbad CA 92008-2726 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Palomar Health Downtown Campus Lab Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pitts, William, Charles, Dr., MD Date of Receipt Mailing Address Sierra Path Lab 14 2017 PO Box 2130 City State Zip Code Transaction ID: SA11AI.55561 CA Clovis 93613-2130 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Powell, Suzanne, Zein-Eldin, Dr., MD Date of Receipt Mailing Address Department of Pathology MS 205, 6565 Fannin St 16 2017 City Zip Code State Transaction ID: SA11AI.55563 TX Houston 77030-2703 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Houston Methodist Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 4000.00 TOTAL This Period (last page this line number only).....

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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 Fitt) 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 Purpose of Disbursement Aug 17 Suntrust Acat Analysis Fee Caracidate Name Office Sought: Full Name (Last, First, Middle Initial) B. State District Full Name (Last, First, Middle Initial) Mailing Address City State: District Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: \$2218.5519 Amount of Each Disbursement FEC Identification Number Committee FEC Identification Number Co	Any information conied from such Reports and Sta	tements may	/ not be sold or us						ns
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement VA 23285 Category' Type Office Sought: House Disbursement For: Sanate President District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code President State: Disbursement For: Sanate President District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: House Disbursement For: Sanate President District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: House Disbursement For: Sanate President District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: House Disbursement For: Sanate President District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: House Disbursement For: Sanate President District: Sanate President Disbursement For: Sanate President Disbursement For: Sanate President District: Sanate President Disbursement For: Sanate President Disbursement For: Sanate President District Memo Item SubstortAL of Disbursement This Page (optional) Memo Item SubstortAL of Disbursements This Page (optional) Memo Item									
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Richmond Purpose of Disbursement Aug-17 Suntrust Acct Analysis Fee Candidate Name Office Sought:	Mailing Address P.O. Box 85024				08				
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College of American Pathologists F	Political Action Comm	ittee
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A. FRIENDS OF JIM CLYBURN Mailing Address 499 SOUTH CAPITOL ST, SW		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE 422		00 02 2017
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Mailing Address 1111 19TH STREET, NW SUITE 1100		08 02 2017
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Full Name (Last, First, Middle Initial) KENNY MARCHANT FOR CONGF	RESS	Date of Disbursement
Mailing Address 104 HUME AVENUE		08 02 7 2017
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ALEXANDRIA	VA 22301	
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College of American Pathologists F	Political Action Comm	ittee			
Full Name (Last, First, Middle Initial) A. KURT SCHRADER FOR CONGRE	ESS		Date of Disbursement		
Mailing Address P.O. BOX 636			08 02 2017		
City ANNANDALE	State Zip Code VA 22003		FEC Identification Number		
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Mailing Address ATTN: BROADMOOR PO BOX 1152			08		
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Full Name (Last, First, Middle Initial) C. NUTMEG PAC			Date of Disbursement		
Mailing Address 777 SUMMER STREET SUITE 302			08		
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