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Image# 201512159004205563

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X | or Other Than An | Authorized | _ | | Office Use Only |
|---|--|-------------------|---|---------------------|--------------------------------|
| 1. NAME OF T | TYPE OR PRINT ▼ | | nple: If typing, type the lines. | 12FE4M5 | Clinic Osc Olny |
| College of American Pa | thologists Politi | cal Action (| Committee | | |
| | | | | | |
| ADDRESS (number and street) | 1350 I Street, NW | | <u> </u> | | |
| Check if different than previously reported. (ACC) | Suite 590 Washington | | | DC | 20005 |
| 2. FEC IDENTIFICATION NUM | MBER ▼ | CITY 🛦 | | STATE ▲ | ZIP CODE ▲ |
| C C00274944 | | 3. IS THIS REPORT | X NEW O | | ENDED |
| 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) | (c) 12-Day PRE-Electic Report for (d) 30-Day POST-Elec Report for | Election on | May 20 (N Jun 20 (M) Jul 20 (M) Primary (12P) Convention (12C) General (30G) | 6) Sep 2 | in the State of |
| 5. Covering Period 11 | / D D / Y | Y Y Y Y 2015 | through 11 | M / D D / | 2015 |
| I certify that I have examined this Type or Print Name of Treasurer | Report and to the b | - | rledge and belief it is | true, correct and | complete. |
| Signature of Treasurer John M | lichael Misialek Dr. | L | Electronically Filed] | Date 12 | 15 / 2015 |
| NOTE: Submission of false, erroned | ous, or incomplete info | rmation may sub | pject the person signin | g this Report to th | e penalties of 2 U.S.C. §437g. |
| Office Use | | | | | 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: 11 01 2015 To: 11 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 | 496669.74 | | | | |
| | (c) Total Receipts (from Line 19) | 21611.00 | 255528.00 | | | |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 518280.74 | 661387.24 | | | |
| 7. | Total Disbursements (from Line 31) | 7614.40 | 150720.90 | | | |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 510666.34 | 510666.34 | | | |
| 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

| ibutions (other than loans) From: ndividuals/Persons Other Than Political Committees | Total This Period | Calendar Year-to-Date |
|--|---|---|
| | | |
| han Political Committees | | |
| | | |
| i) Itemized (use Schedule A) | 17810.00 | 217671.00 |
| | 3301.00 | 36982.00 |
| Lines 11(a)(i) and (ii) | 21111.00 | 254653.00 |
| Political Party Committees | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| | 7 | 0.00 |
| | | |
| | 21111.00 | 254653.00 |
| | 2111.00 | |
| | 0.00 | 0.00 |
| _ | 7 | 7 |
| ans Received | 0.00 | 0.00 |
| | | |
| Repayments Received | 0.00 | 0.00 |
| s To Operating Expenditures | | |
| nds, Rebates, etc.) | | |
| / Totals to Line 37, page 5) | 0.00 | 0.00 |
| ds of Contributions Made | | , |
| deral Candidates and Other | | |
| cal Committees | 500.00 | 875.00 |
| Federal Receipts | | |
| ends, Interest, etc.) | 0.00 | 0.00 |
| | , | |
| | | |
| from Schedule H3) | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| evin Funds (from Schedule H5) | 0.00 | 0.00 |
| tal Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| | iii) Unitemized | iii) TOTAL (add Lines 11(a)(i) and (ii) |

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. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Carolinai Ioui to Buto |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non Fodous! Chaus | 0.00 | 0.00 |
| | (ii) Non-Federal Share(b) Other Federal Operating | 0.00 | 0.00 |
| | Expenditures | 114.40 | 1170.90 |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ | 114.40 | 1170.90 |
| | Transfers to Affiliated/Other Party | 114.40 | 1170.50 |
| | Committees | 0.00 | 0.00 |
| | Contributions to Federal Candidates/Committees and Other Political Committees | 7500.00 | 149550.00 |
| | Independent Expenditures | 0.00 | 0.00 |
| | (use Schedule E) | 0.00 | 0.00 |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | Loan Repayments Made | 0.00 | 0.00 |
| | Loans MadeRefunds of Contributions To: | 0.00 | 0.00 |
| | (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 |
| | 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 |
| | (i) I ederal chare | | |
| | (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 |
| | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 7614.40 | 150720.90 |
| | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | from Line 31) | 7614.40 | 150720.90 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | | | |
|---|----------|-----------|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 21111.00 | 254653.00 | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21111.00 | 254653.00 | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 114.40 | 1170.90 | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 114.40 | 1170.90 | |

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

| FOI | PAGE | | 6 | OF | | 19 | | | | |
|------------------|------|--|-----|----|-----|----|----|---|--|----|
| (check only one) | | | | | | | | | | |
| × | 11a | | 11b | | 11c | | 12 | 2 | | |
| | 13 | | 14 | | 15 | | 16 | 6 | | 17 |

| or for commercial purposes, other than using | the name and address of any political committee to | |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full) | gioto Bolitical Action Committee | |
| College of American Patholog | gists Political Action Committee | |
| Full Name (Last, First, Middle Initial) A. Dr. Alfred W Campbell MD | | Date of Receipt |
| Mailing Address 319 Hidden Creek Circle | | 1.1 05 2015 |
| City | State Zip Code | Transaction ID : SA11AI.53395 |
| Spartanburg | SC 29306 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 750.00 |
| Name of Employer | Occupation | † |
| Spartanburg Regional Med Ctr | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | - |
| Primary General | 1.99.094.0 | |
| Other (specify) ▼ | 750.00 | |
| Full Name (Last, First, Middle Initial) Dr Pedro A Carmona MD | | Date of Receipt |
| Mailing Address Path Dept | M = M / D = D / Y = Y = Y | |
| 951 N Washington Ave | 11 04 2015 | |
| City | State Zip Code FL 32796-2163 | Transaction ID : SA11AI.53391 |
| Titusville | FL 32796-2163 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | 1 |
| Parrish Med Ctr | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 1000.00 | |
| Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) C. Dr. James L. Caruso MD | | Date of Receipt |
| Mailing Address PO Box 100460 | | 11 16 2015 |
| City | State Zip Code | Transaction ID : SA11AI.53443 |
| Denver | CO 80250-0460 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 105.00 |
| Name of Employer | Occupation | - |
| Medical Examiners Office | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| Primary General | | |
| Other (specify) ▼ | 255.00 | |
| SURTOTAL of Receipts This Dags (antional |) | 1855.00 |
| TOTAL OF Necelpts This Page (optional | <i>y</i> | |
| TOTAL This Period (last page this line num | per only) | |

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

OF

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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 (Last, First, Middle Initial) Dr. James B Cash Sr MD Date of Receipt Mailing Address 2693 Forest Hills Rd SW Ste B 2015 11 City Zip Code State Transaction ID: SA11AI.53442 NC Wilson 27893-8611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Eastern Carolina Pathology Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robert Anthony Frazier Jr MD Date of Receipt Mailing Address 733 Boush St Ste 200 11 30 2015 City State Zip Code Transaction ID: SA11AI.53481 VA Norfolk 23510-1501 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Dominion Pathology Laboratories** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. S. Robert Freedman MD Date of Receipt Mailing Address 604 Everett Avenue 11 24 2015 City Zip Code State Transaction ID: SA11AI.53469 CA Palo Alto 94301 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Regional Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

| | | | | | | PAGE | | 8 | OF | | 19 |
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| Any information copied from such Reports and Sta or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | |
|--|---|---|
| NAME OF COMMITTEE (In Full) | | |
| College of American Pathologists | s Political Action Committee | |
| Full Name (Last, First, Middle Initial) A. Dr. Gary A Gochman MD | | Date of Receipt |
| Mailing Address Lab | | M = M / D = D / Y = Y = Y |
| 9333 E Imperial Hwy City | State Zip Code | 11 28 2015 |
| Downey | CA 90242-2812 | Transaction ID : SA11AI.53474 |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.00 |
| Name of Employer | Occupation | |
| Kaiser Downey Medical Center | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 400.00 | |
| Other (specify) ▼ | 400.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr. Michael Andrew Huening MD,PhI | | Date of Receipt |
| Mailing Address WakeMed Health AND Hospital | s | M M / D D / Y Y Y Y Y |
| 3000 New Bern Ave | State Zip Code | 11 04 2015 Transaction ID : \$A11A1 53390 |
| Raleigh | NC 27610-1231 | Transaction ID : SA11AI.53390 Amount of Each Receipt this Period |
| FEC ID number of contributing | | our of East Hoodpt this I Ghou |
| federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | |
| WakeMed Cary Hospital | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Megha G. Joshi MD | | Date of Receipt |
| Mailing Address Dept of Pathology | | Man / Dan / Yanyayay |
| 1 General Street, PO Box 189 | | 11 10 2015 |
| City | State Zip Code | Transaction ID : SA11AI.53420 |
| Lawrence | MA 01842-0389 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| Lawrence General Hosp | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 1650.00 |
| TOTAL This Period (last page this line number o | nly) | |

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

| ı | FOR LINE | NUMBER | : PAGE | 9 OF | 19 | | | | | |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|---|--|---|
| NAME OF COMMITTEE (In Full) College of American Pathologis | ts Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Carmen Joseph Julius MD Mailing Address 1044 Religent Ave | | Date of Receipt |
| Mailing Address 1044 Belmont Ave | | 11 04 2015 |
| City | State Zip Code | Transaction ID : SA11AI.53384 |
| Youngstown | OH 44504-1096 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer | Occupation | |
| St Elizabeth Hlth Ctr | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) 3. C Nancy Kois Dr. | | Date of Receipt |
| Mailing Address 1577 E Holly St | | 11 23 _2015 _ |
| City | State Zip Code | Transaction ID : SA11AI.53462 |
| Boise | ID 83712 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer | Occupation | |
| St. Alphonsus Regional Med Ctr | Pathologist | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Rosanna L Lapham MD | | Date of Receipt |
| Mailing Address Dept of Path 101 E Wood St | 04-4- | 11 05 / Y = Y = Y = Y = Y |
| City Spartanburg | State Zip Code SC 29303 | Transaction ID : SA11AI.53401 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 750.00 |
| Name of Employer | Occupation | |
| Spartanburg Regional Med Ctr | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 2000.00 |
| TOTAL This Period (last page this line number | only) | |

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the 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 (Last, First, Middle Initial) Dr. Dini W.H. Rada MD Date of Receipt Mailing Address PO Box 1707 2015 11 06 City Zip Code State Transaction ID: SA11AI.53406 FL Avon Park 33826-1707 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Victoria G Reyes MD Date of Receipt Mailing Address Dept of Pathology 365 Montauk Ave 11 22 2015 City State Zip Code Transaction ID: SA11AI.53458 CT New London 06320-4769 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Lawrence & Memorial Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr Linda H Riley MD Date of Receipt Mailing Address 1116 138th Ave NW 11 11 2015 City Zip Code State Transaction ID: SA11AI.53429 MN Andover 55304-6728 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation United Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBER: (check only one)

| FOR LINE NUMBER: | | | | | PAGE | 1 | 11 | OF | | 19 |
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| (check only one) | | | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | | | |
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| | Statements may not be sold or used by any persone name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) College of American Pathologi | sts Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. James A Robb MD | | Date of Receipt |
| Mailing Address 11613 Kensington Ct | | M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y |
| City Boca Raton | State Zip Code FL 33428-2415 | Transaction ID : SA11AI.53461 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) Dr. Patricia R Romano MD Mailing Address Brooklyn Navy Yard | | Date of Receipt |
| 63 Flushing Ave Unit 292 City | State Zip Code | 11 17 2015 Transaction ID : SA11AI.53451 |
| Brooklyn FEC ID number of contributing federal political committee. | NY 11205-1079 | Amount of Each Receipt this Period |
| Name of Employer Shiel Medical Laboratory | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Rene Rone MD | | Date of Receipt |
| Mailing Address 21 Villa Verde | | 11 19 2015 |
| City San Antonio | State Zip Code TX 78230-2756 | Transaction ID : SA11AI.53455 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| Path Ref Lab Receipt For: □ Primary □ General Other (specify) ▼ | Pathologist Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1750.00 |
| TOTAL This Period (last page this line numbe | <u> </u> | |

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 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 (Last, First, Middle Initial) Dr Christine N Sillings MD Date of Receipt Mailing Address 3000 New Bern Ave 30 2015 11 City Zip Code State Transaction ID: SA11AI.53479 NC Raleigh 27610-1231 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Wake Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robert George Stallings MD Date of Receipt Mailing Address 162 Dogwood Ln 11 10 2015 City State Zip Code Transaction ID: SA11AI.53422 NC Rutherfordton 28139-3222 Amount of Each Receipt this Period FEC ID number of contributing 205.00 federal political committee. Name of Employer Occupation Rutherford Hosp Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Janet F Stastny DO Date of Receipt Mailing Address 2400 Susannah St 11 05 2015 City Zip Code State Transaction ID: SA11AI.53398 TN Johnson City 37601-1700 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Outpatient Cytopathology Center** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

| SUBTOTAL of Receipts This Page (optional) | L | _ | 7 | _ | _ | 7 | _ | 170 | 5.00 | |
|---|---|---|---|---|---|---|---|-----|------|--|
| TOTAL This Period (last page this line number only) | | | 7 | _ | | 7 | | | _ | |

| | FOR LINE NUMBER: | PAGE 13 OF 19 |
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| Use separate schedule(s) | (check only one) | |
| for each category of the Detailed Summary Page | X 11a 11b 1 | 1c 12 |
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| | Statements may not be sold or used by any perse name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) College of American Pathologic | sts Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Lindsey C. Thomas MD Mailing Address 530 Chicago Ave | | Date of Receipt |
| | | 11 24 2015 |
| City | State Zip Code | Transaction ID : SA11AI.53468 |
| Minneapolis | MN 55415 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | 1 |
| Unaffiliated | Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. William Allen Wesche MD Mailing Address 2915 Missouri Ave | | Date of Receipt |
| | | 11 09 2015 |
| City | State Zip Code | Transaction ID : SA11AI.53414 |
| Shreveport | LA 71109-4327 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 4000.00 |
| Name of Employer The Delta Pathology Group LLC | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 5500.00 | |
| Full Name (Last, First, Middle Initial) C. Dr. Sang Wu MD | | Date of Receipt |
| Mailing Address Laboratory 3000 Interstate 35 N | Otata 7'- Orda | 11 23 2015 |
| City Denton | State Zip Code TX 76201-5119 | Transaction ID : SA11AI.53465 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | - |
| Texas Health Presbyterian Hospital Den | Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 4600.00 |
| TOTAL This Period (last page this line number | r only) | |

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

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| ı | (check on | ly one) | | | |
| | X 11a | 11b | 11c | 12 | |
| ı | 13 | 14 | 15 | 16 | 17 |

| or for commercial purposes, other than usi | and Statements may not be sold or used by any persing the name and address of any political committee to | o solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) | logisto Political Action Committee | |
| / | logists Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr. Rebecca F Yorke MD | | Date of Receipt |
| Mailing Address 2504 Elmen St | | 11 11 2015 |
| City | State Zip Code | Transaction ID : SA11AI.53430 |
| Houston | TX 77019-6712 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | † |
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| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
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| Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Louis J Zinterhofer MD | | Date of Receipt |
| Mailing Address Dept of Path | | M M / D D / Y Y Y Y |
| 300 2nd Ave | State 7in Code | 11 10 2015 |
| City | State Zip Code NJ 07740-6303 | Transaction ID : SA11AI.53419 |
| Long Branch | NJ 07740-6303 | Amount of Each Receipt this Period |
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| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 OF 19 (check only one) 11a 11b 11c 12 13 14 15 X 16 17 |
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| Full Name (Last, First, Middle Initial) TIM SCOTT Mailing Address 1405 ASHLEY RIVER RD City CHARLESTON FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: 2016 Primary Other (specify) Other (specify) | State Zip Code SC 29407 C Occupation CANDIDATE Aggregate Year-to-Date ▼ | Date of Receipt 11 01 2015 Transaction ID: SA16.53486 Amount of Each Receipt this Period 500.00 |
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