PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
College of American P	Pathologists Political A	Action Committee	
ADDRESS (number and street)	1001 G Street NW		
▼ Charle if different	Suite 425 West		
Check if different than previously reported. (ACC)	Washington		DC 20001 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00274944		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) x May 20 (M5 20 (M3) Jun 20 (M6	(Non-Election Year Only) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20 (M7)	Oct 20 (M10) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (0	01)		
July 15 Quarterly Report (C	PRF-Flection	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (0	·	Convention (120)	opoda (120)
January 31 Year-End Report (Y	γE)Electio	on on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	on on	in the State of
5. Covering Period 04		through 04	30 2017
I certify that I have examined th	nis Report and to the best of Misialek, Michael, , John, D	my knowledge and belief it is t	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer Misia	alek, Michael, , John, Dr.	[Electronically Filed]	Date 05 / 18 / 2017
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 04 01 2017 To: 04 30 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	487067.64	
	(c) Total Receipts (from Line 19)	8070.00	127935.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	495137.64	572828.14
7.	Total Disbursements (from Line 31)	17559.00	95249.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	477578.64	477578.64
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

01 2017 04 30 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 7000.00 114710.00 (i) Itemized (use Schedule A)..... 1070.00 13225.00 (ii) Unitemized (iii) TOTAL (add 127935.00 8070.00 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 127935.00 8070.00 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))....... 8070.00 127935.00 20. Total Federal Receipts 8070.00 127935.00 (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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1910. 11104	Saisinai Ital-10-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	59.00	249.50
Expenditures(c) Total Operating Expenditures	39.00	243.30
(add 21(a)(i), (a)(ii), and (b))	59.00	249.50
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	17500.00	95000.00
Independent Expenditures	1100000	
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	0.00	
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity	0))	
(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	0.00	0.00
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))	17559.00	95249.50
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	17550.00	250 12 -2
	17559.00	95249.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	Page 5 COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8070.00	127935.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8070.00	127935.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	59.00	249.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	59.00	249.50

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

15

6 OF

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 Eldin, Karen, Wiedemann, Dr., MD Date of Receipt Mailing Address 4901 Linden St 2017 City Zip Code State Transaction ID: SA11AI.55278 TX Bellaire 77401-4434 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) Texas Childrens Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hoffman Jr, William Howard, , Dr., MD Date of Receipt Mailing Address 4230 Burnham Ave 04 2017 City State Zip Code Transaction ID: SA11AI.55275 NV Las Vegas 89119-5408 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Associated Pathologists Chartered Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Lu, Ji, , Dr., MD Date of Receipt Mailing Address 2410 Cutting St 20 2017 State Zip Code Transaction ID: SA11AI.55266 CA Walnut Creek West 94596-6506 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) Kaiser Permanente Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

101	LLINE	IVO	IVIDEI	17101	-	•	01	. •
(che	eck only	or	ie)					
×	11a		11b	11c		12		
	13		14	15		16		17

_				
Ar or	ry information copied from such Reports and State for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers ress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists	s Political	Action Committee	
Δ.	Full Name of Individual (Last, First, Middle Initial Maddox, John, C, Dr., MD	al) or Full Orga	anization Name	Date of Receipt
A.				†
	Mailing Address 216 Darden Dr			04 20 2017
	City	State	Zip Code	Transaction ID : SA11AI.55268
	Poquoson	VA	23662-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Riverside Reg Med Ctr	Patholo	,	
	Receipt For:	I		-
	Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		250.00	
	Other (specify) \		200.00	
_	Full Name of Individual Co. 151 1 Africa 191	-1)		
P	Full Name of Individual (Last, First, Middle Initial	aı) or Full Orga	anization iname	Date of Respire
В.	Mervak, Timothy, R, Dr., MD			Date of Receipt
	Mailing Address Dept of Path			M M / D D / Y Y Y Y
	16001 W 9 Mile Rd		In a	04 04 2017
	City	State	Zip Code	Transaction ID : SA11AI.55248
	Southfield	MI	48075-4818	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	Maine Medical Center-Bramhall Campus	Pathol		
	Receipt For:			-
	Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify) ▼		250.00	
			4	
_	Full Name of Individual (Last, First, Middle Initia	al) or Full Oraa	anization Name	
C.	Riley, Linda, H, Dr, MD	,		Date of Receipt
	Mailing Address 1116 138th Ave NW			M = M / D = D / Y = Y = Y
				04 06 2017
	City	State	Zip Code	Transaction ID : SA11AI.55252
	Andover	MN	55304-6728	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer (for t. P. C. P.	0	-the state of the	Memo Item
	Name of Employer (for Individual)	I .	ation (for Individual)	
	United Hospital Receipt For:	Patholo		-
	Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify)		500.00	
	Cirici (Specify)		7 4	
Г				
,	SUBTOTAL of Receipts This Page (optional)			1000.00
\vdash	The or resolpto this rage (optional)			
-	OTAL This Period (last page this line number o	nlv)		
1 '	This i office (race page this line fidiliber o			

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

Use separate schedule(s) for each category of the

l	F	OR	LINE	NU	MBER	:	PAGE	8	OF	15
l	(0	che	ck only	or	ıe)					
l		X	11a		11b		11c	12	2	
l			13		14		15	16	6	17

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 Scully, Peter, A, Dr., MD Date of Receipt Mailing Address 5400 S Rainbow Blvd 13 2017 City Zip Code State Transaction ID: SA11AI.55262 NV Las Vegas 89118-1859 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) Associated Pathologists Chartered 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. Thompson, Norman, H, Dr., MD Date of Receipt Mailing Address PO Box 35833 04 16 2017 City State Zip Code Transaction ID: SA11AI.55264 AK Juneau 99803-5833 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) Bartlett Regional Hospital 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. Trotter, Maureen, E, Dr., MD Date of Receipt Mailing Address Suite 102 13 2017 1150 N 18th Street City State Zip Code Transaction ID: SA11AI.55260 TX Abilene 79601 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) Clinical Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	9	OF	15
(C	he	ck only	or	ıe)					
	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

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 Wachtel, Mitchell, Steven, Dr., MD Date of Receipt Mailing Address 5009 92nd St 2017 City Zip Code State Transaction ID: SA11AI.55273 TX Lubbock 79424-4803 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) Texas Tech University HSC 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. Woodhouse, Sherry, L, Dr, MD Date of Receipt Mailing Address 1440 Coral Ridge Dr # 296 04 2017 City State Zip Code Transaction ID: SA11AI.55276 FL **Coral Springs** 33071-5433 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pathology Consultants of S Broward 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 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) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 7000.00 TOTAL This Period (last page this line number only).....

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 10 OF 15		
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	TOMBETT:		
		category of the Summary Page	X 21b	22 23 26 27		
			28a	28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may me and add	not be sold or us	sed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		7				
College of American Pathologists	Political	Action Com	mittee			
Full Name (Last, First, Middle Initial)			T			
A. Sun Trust Bank				Date of Disbursement		
-				M M M / D D / Y Y Y Y Y		
Mailing Address P.O. Box 85024				04 20 2017		
City	State	Zip Code		FEC Identification Number		
Richmond	VA	23285				
Purpose of Disbursement April'18 Account Analysis Fee				C		
Candidate Name			Category/	Transaction ID: SB21B.55243 Amount of Each Disbursement this Period		
			Type			
	ment For:			59.00		
Senate President	Primary Other (spe	General Cify) ▼				
State: District:	Other (spe	ony) ♥		Memo Item		
Full Name (Last, First, Middle Initial)						
В.				Date of Disbursement		
Mailing Address				M M / D D / Y Y Y Y		
City	City State Zip Code					
Purpose of Disbursement				C		
•				9		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:		Туре			
Senate Disbulse	Primary	General				
President	Other (spe	cify)		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) C.				Date of Disbursement		
				M M / D D / Y Y Y Y		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Durage of Dishurages*						
Purpose of Disbursement				C		
Candidate Name			Category/	Amount of Each Disbursement this Period		
			Type	The state of the s		
Office Sought: House Disburse Senate	ment For:	Constal				
President	Primary Other (spe	General (Cify) ▼		П., .		
State: District:	(550	<i>31</i> , 4		Memo Item		
SUBTOTAL of Disbursements This Page (optional).			······	59.00		
TOTAL This Period (last nage this line number only	^			59.00		

ľ

	L Llog congrete cohodulo(a) L			FOR LINE I	LINE NUMBER: PAGE 11 OF 15			
	EMIZED DISBURSEMENTS	for each of	category of the Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b			
	y information copied from such Reports and Staten for commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)							
	College of American Pathologists F	Political A	Action Comm	nittee				
Α.	Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS				Date of Disbursement			
	Mailing Address 219 PENNSYLVANIA AVENUE SE				04 21 2017			
	City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number			
	Purpose of Disbursement				C C00401190 Transaction ID : SB23.55219			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Senate x	nent For: 2 Primary	General		1000.00			
	State: NC District: 01	Other (spec	iny) ▼		Memo Item			
В.	Full Name (Last, First, Middle Initial) CANARY FUND				Date of Disbursement			
	Mailing Address 328 MASSACHUSETTS AVE, NE		04 21 2017					
	City WASHINGTON S	State DC	Zip Code 20002		FEC Identification Number			
	Purpose of Disbursement				C C00555342 Transaction ID : SB23.55220			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Senate	nent For: 2 Primary	General		2500.00			
	State: President X	Other (spec	ify) OTHER		Memo Item			
C.	Full Name (Last, First, Middle Initial) CARLOS CURBELO CONGRESS				Date of Disbursement			
	Mailing Address 824 SOUTH MILLEDGE AVE SUITE 101				04 21 2017			
	ATHENS	State GA	Zip Code 30605		FEC Identification Number			
	Purpose of Disbursement Candidate Name		Category/ Type	C C00546846 Transaction ID: SB23.55223 Amount of Each Disbursement this Period				
	Senate x	nent For: 2	General		1000.00			
	State: FL District: 26	Other (spec	···y) ▼		Memo Item			
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)				4500.00			

ľ

S	CHEDULE B (FEC Form 3X)	He	unda nationali (/)	FOR LINE NUMBER: PAGE 12 OF 15				
IT	EMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the	(check only	one)	23 26 27		
		Detailed S	Summary Page	28a	28b	28c 29 30b		
	ny information copied from such Reports and Statem							
or	for commercial purposes, other than using the name	ie and addre	ess of any politica	ai committee to	solicit contri	ibutions from such committee.		
	NAME OF COMMITTEE (In Full) College of American Pathologists F	Political /	Action Com	nittee				
\mathbb{Z}			TOUGHT COILL					
^	Full Name (Last, First, Middle Initial)				Dot/ D	Nichurcoment		
A.	ENGEL FOR CONGRESS					Disbursement		
	Mailing Address 38 IVY STREET, SE				04	21 2017		
	,	State	Zip Code		FEC Ident	tification Number		
	WASHINGTIN Purpose of Disbursement	DC	20003					
	i arpose or Dispursement			· · · ·		00236513		
	Candidate Name			Category/		saction ID: SB23.55224 If Each Disbursement this Period		
				Type	33 0	 		
		nent For: 2				1000.00		
		Primary Other (spec	☐ General ify) ▼		п	a Itam		
_	State: NY District: 16		•		Memo	o Item		
_	Full Name (Last, First, Middle Initial)							
B.	GUTHRIE FOR CONGRESS					Disbursement		
	Mailing Address 499 SOUTH CAPITOL STREET, S	sw.			м в м 04	21 2017		
	SUITE 420							
	,	State	Zip Code		FEC Ident	tification Number		
	WASHINGTON Purpose of Disbursement	DC	20003		C co	00445023		
	·					saction ID : SB23,55226		
	Candidate Name			Category/		f Each Disbursement this Period		
	Office Sought: Y House Disbursen	nent For: 2	018	Type		1000.00		
		Primary	General			1000.00		
		Other (spec			Mama	o Item		
_	State: KY District: 02				LI WEITIG	J ROIII		
_	Full Name (Last, First, Middle Initial)				Data of D	Disbursement		
U.	JOHN LEWIS FOR CONGRESS				M M	/ D D / Y Y Y Y		
	Mailing Address P.O. BOX 636				04	21 2017		
	City	State	Zip Code		FFC Ident	tification Number		
	ANNANDALE Purpose of Disbursoment	VA	22003					
	Purpose of Disbursement			· · · ·		00202416		
	Candidate Name			Category/		saction ID : SB23.55227 If Each Disbursement this Period		
				Type				
	Conoto	nent For: 2				1000.00		
		Primary Other (spec	General ifv) ▼					
	State: GA District: 05	5.1.01 (Spoo			Memo	o Item		
s	SUBTOTAL of Disbursements This Page (optional)					3000.00		
 -	OTAL This Period (lest page this line number and)							
Ι'	OTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or une and address of any polition	ised by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P			
Full Name (Last, First, Middle Initial) A. KINZINGER FOR CONGRESS			Date of Disbursement
Mailing Address C/O RED RIVER COMPANY P.O. BOX 15239			04 21 2017
,	State Zip Code 20003		FEC Identification Number
Candidate Name		Category/	C C00458877 Transaction ID : SB23.55229 Amount of Each Disbursement this Period
Senate x	nent For: 2018 Primary General Other (specify)	Туре	1000.00 Memo Item
Full Name (Last, First, Middle Initial) B. MCNERNEY FOR CONGRESS Mailing Address PO BOX 690371			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City STOCKTON S		FEC Identification Number	
Purpose of Disbursement Candidate Name		Category/ Type	C C00398644 Transaction ID: SB23.55230 Amount of Each Disbursement this Period
Senate x	nent For: 2018 Primary General Other (specify)		1000.00 Memo Item
Full Name (Last, First, Middle Initial) MIKE BISHOP FOR CONGRESS			Date of Disbursement
Mailing Address 499 S CAPITAL STREET, SW SUITE 420			04 21 2017
•	State Zip Code DC 20003		FEC Identification Number C C00561001 Transaction ID : SB23.55231
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary General Other (specify) ▼		1000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			3000.00
TOTAL This Period (last page this line number only).			

ľ

SC	CHEDULE B (FEC Form 3X)			FOR LINE N	FOR LINE NUMBER: PAGE 14 OF 15		
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only one)			
			Summary Page	21b 28a	22 x 23 26 27 28c 29 30b		
An	y information copied from such Reports and Staten	nents may n	ot he sold or use				
	for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
	College of American Pathologists F	Political <i>P</i>	Action Comm	nittee			
٨	Full Name (Last, First, Middle Initial)	•			Date of Disbursement		
Α.	TERRI SEWELL FOR CONGRESS				M M / D D / Y Y Y		
	Mailing Address 499 SOUTH CAPITOL STREET, SW SUITE 422				04 21 2017		
	,	State	Zip Code		FEC Identification Number		
	WASHINGTON Purpose of Disbursement	DC	20003		0		
	r dipose of Disbursement	C C00458976					
	Candidate Name	Categor		Category/	Transaction ID: SB23.55233 Amount of Each Disbursement this Period		
				Type			
		nent For: 20	018 General		1500.00		
	Senate X President	Primary Other (speci			Maria hara		
	State: AL District: 07				Memo Item		
_	Full Name (Last, First, Middle Initial)						
B.	TOM RICE FOR CONGRESS	Date of Disbursement					
	Mailing Address C/O WINCO FUNDRAISING	04 21 2017					
	516 N WASHINGTON ST.						
	,	State VA	Zip Code 22314		FEC Identification Number		
	ALEXANDRIA Purpose of Disbursement	VA	22314		C C00506048		
					Transaction ID : SB23.55235		
	Candidate Name		Category/		Amount of Each Disbursement this Period		
	Office Sought: House Disbursen	nent For: 2	018	Туре	1000.00		
		Primary	General		4 4		
		Other (speci	ify)		Memo Item		
_	State: SC District: 07				Welle Rell		
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement		
О.	TOM RICE FOR CONGRESS	M M / D D / Y Y Y Y					
	Mailing Address C/O WINCO FUNDRAISING				04 26 2017		
	516 N WASHINGTON ST.						
	City ALEXANDRIA	State VA	Zip Code 22314		FEC Identification Number		
	Purpose of Disbursement		C C00506048				
	Occasional Name				Transaction ID : SB23.55242		
	Candidate Name Category/				Amount of Each Disbursement this Period		
	Office Sought: House Disbursement For: 2018				500.00		
	Senate Primary General				4 4		
	President	Other (specify) ▼			Memo Item		
	State: SC District: 07						
s	UBTOTAL of Disbursements This Page (optional)			······	3000.00		
-	OTAL This Paried (last ness this line number and						
1 "	OTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)		FOR LINE NUMBER: PAGE 15 OF 15 (check only one)		
	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) College of American Pathologists F					
Full Name (Last, First, Middle Initial) A. UPTON FOR ALL OF US			Date of Disbursement		
Mailing Address 104 HUME AVENUE		04 21 2017			
City ALEXANDRIA Purpose of Disbursement	State Zip Code VA 22301		FEC Identification Number C C00200584		
Candidate Name	Candidate Name Category/				
Senate President	ment For: 2018 Primary General Other (specify)	Type	2500.00 Memo Item		
State: MI District: 06 Full Name (Last, First, Middle Initial) B. YOUNG FOR IOWA, INC.	Date of Disbursement				
Mailing Address 217 THIRD STREET, SE	Mailing Address 217 THIRD STREET, SE				
City WASHINGTON Purpose of Disbursement	State Zip Code DC 20003		FEC Identification Number C C00545616 Transaction ID : SB23.55240		
Candidate Name	Candidate Name Category/				
Senate	ment For: 2018 Primary General Other (specify)		1500.00 Memo Item		
Full Name (Last, First, Middle Initial) C.	Date of Disbursement				
Mailing Address	M = M / D = D / Y = Y = Y				
,	State Zip Code		FEC Identification Number		
Purpose of Disbursement Candidate Name	Candidate Name Cate				
	ment For: Primary General Other (specify)	Туре			
State: District:	(opooliy) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			4000.00 17500.00		