

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="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

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).....	7000.00	114710.00
(ii) Unitemized	1070.00	13225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8070.00	127935.00
(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)	8070.00	127935.00
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)).....▶	8070.00	127935.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8070.00	127935.00

DETAILED SUMMARY PAGE
of Disbursements

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	59.00	249.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	59.00	249.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	95000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	17559.00	95249.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17559.00	95249.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8070.00	127935.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8070.00	127935.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	59.00	249.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59.00	249.50

**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 15
<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. Eldin, Karen, Wiedemann, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Linden St
 City Bellaire State TX Zip Code 77401-4434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Childrens Hosp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 25 / 2017
Transaction ID : SA11AI.55278
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Hoffman Jr, William Howard, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4230 Burnham Ave
 City Las Vegas State NV Zip Code 89119-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Pathologists Chartered Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 21 / 2017
Transaction ID : SA11AI.55275
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Lu, Ji, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2410 Cutting St
 City Walnut Creek West State CA Zip Code 94596-6506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2017
Transaction ID : SA11AI.55266
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Maddox, John, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Darden Dr
 City Poquoson State VA Zip Code 23662-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverside Reg Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2017
Transaction ID : SA11AI.55268
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mervak, Timothy, R, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 16001 W 9 Mile Rd
 City Southfield State MI Zip Code 48075-4818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maine Medical Center-Bramhall Campus Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 04 / 2017
Transaction ID : SA11AI.55248
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Riley, Linda, H, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1116 138th Ave NW
 City Andover State MN Zip Code 55304-6728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2017
Transaction ID : SA11AI.55252
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 8 OF 15
(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. Scully, Peter, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 S Rainbow Blvd
 City Las Vegas State NV Zip Code 89118-1859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Pathologists Chartered Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2017
Transaction ID : SA11AI.55262
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Thompson, Norman, H, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 35833
 City Juneau State AK Zip Code 99803-5833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bartlett Regional Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2017
Transaction ID : SA11AI.55264
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Trotter, Maureen, E, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Suite 102
 1150 N 18th Street
 City Abilene State TX Zip Code 79601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clinical Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 13 / 2017
Transaction ID : SA11AI.55260
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 9 OF 15
(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. Wachtel, Mitchell, Steven, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5009 92nd St
 City Lubbock State TX Zip Code 79424-4803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Tech University HSC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 21 / 2017**
Transaction ID : SA11AI.55273
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Woodhouse, Sherry, L, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 Coral Ridge Dr # 296
 City Coral Springs State FL Zip Code 33071-5433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Consultants of S Broward Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 24 / 2017**
Transaction ID : SA11AI.55276
 Amount of Each Receipt this Period 500.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	7000.00

**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"/> 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
April'18 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	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	7

FEC Identification Number

C []

Transaction ID : SB21B.55243

Amount of Each Disbursement this Period

[] 59.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 59.00

[] 59.00

**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"/> 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 219 PENNSYLVANIA AVENUE SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	7

FEC Identification Number

C C00401190

Transaction ID : SB23.55219

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CANARY FUND

Mailing Address 328 MASSACHUSETTS AVE, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) OTHER

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	7

FEC Identification Number

C C00555342

Transaction ID : SB23.55220

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CARLOS CURBELO CONGRESS

Mailing Address 824 SOUTH MILLEDGE AVE
SUITE 101

City
ATHENS

State
GA

Zip Code
30605

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	7

FEC Identification Number

C C00546846

Transaction ID : SB23.55223

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

**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"/> 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. TERRI SEWELL FOR CONGRESS

Mailing Address 499 SOUTH CAPITOL STREET, SW
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	7

FEC Identification Number

C C00458976

Transaction ID : SB23.55233

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM RICE FOR CONGRESS

Mailing Address C/O WINCO FUNDRAISING
516 N WASHINGTON ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	7

FEC Identification Number

C C00506048

Transaction ID : SB23.55235

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOM RICE FOR CONGRESS

Mailing Address C/O WINCO FUNDRAISING
516 N WASHINGTON ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	7

FEC Identification Number

C C00506048

Transaction ID : SB23.55242

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

3000.00

**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"/> 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. UPTON FOR ALL OF US

Mailing Address 104 HUME AVENUE

City
ALEXANDRIA

State
VA

Zip Code
22301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	7

FEC Identification Number

C C00200584

Transaction ID : SB23.55237

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. YOUNG FOR IOWA, INC.

Mailing Address 217 THIRD STREET, SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	7

FEC Identification Number

C C00545616

Transaction ID : SB23.55240

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

4000.00

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

17500.00