

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005 Check if different than previously reported. (ACC)

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

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

5. Covering Period 06 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Michael Misialek Dr.

Signature of Treasurer John Michael Misialek Dr. [Electronically Filed] Date 07 / 16 / 2015

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

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		405859.24
(b) Cash on Hand at Beginning of Reporting Period.....	476409.24	
(c) Total Receipts (from Line 19)	41362.00	163691.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	517771.24	569550.24
7. Total Disbursements (from Line 31).....	31200.90	82979.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	486570.34	486570.34
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)

Page 3

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).....	38700.00	140995.00
(ii) Unitemized	2662.00	22696.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41362.00	163691.00
(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)	41362.00	163691.00
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))..... ▶	41362.00	163691.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41362.00	163691.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	100.90	629.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100.90	629.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31100.00	82350.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31200.90	82979.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31200.90	82979.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41362.00	163691.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41362.00	163691.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	100.90	629.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100.90	629.90

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Gyorgy Abel

Mailing Address Department of Lab Medicine
 41 Mall Rd

City Burlington State MA Zip Code 01805

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

Name of Employer Lahey Clin Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 24 / 2015**

Transaction ID : SA11AI.52902

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. Dr. Paul F Atkinson MD

Mailing Address 3300 Buckeye Rd Ste 178

City Atlanta State GA Zip Code 30341

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

Name of Employer Pathology & Laboratory Medicine, P.C. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 25 / 2015**

Transaction ID : SA11AI.52937

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)
C. Dr. Paul Bachner MD

Mailing Address Dept of Path & Lab Med
 800 Rose St MSC 112

City Lexington State KY Zip Code 40536-0298

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

Name of Employer Univ of Kentucky Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 25 / 2015**

Transaction ID : SA11AI.52938

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **2000.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Jiri Biorn Bedrnicek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address The Pathology Ctr
 8303 Dodge St
 City Omaha State NE Zip Code 68114-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52906
 Amount of Each Receipt this Period
 250.00

B. Dr Cathy O Blight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1 Hurley Plz
 City Flint State MI Zip Code 48503-5902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hurley Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.52853
 Amount of Each Receipt this Period
 500.00

c. Dr. Henry W Bockelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 600 Mary St
 City Evansville State IN Zip Code 47747-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Deaconess Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.52927
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Robert F Carr Jr MD
Full Name (Last, First, Middle Initial)
Mailing Address 510 Chaumont Dr
City Villanova State PA Zip Code 19085-1105
FEC ID number of contributing federal political committee. **C**
Name of Employer Main Line Hospitals Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
06 / 23 / 2015
Transaction ID : SA11AI.52890
Amount of Each Receipt this Period 250.00

B. Dr. Victor Casas MD
Full Name (Last, First, Middle Initial)
Mailing Address 3 Telegraph Hill Rd
City Holmdel State NJ Zip Code 07733-1465
FEC ID number of contributing federal political committee. **C**
Name of Employer JFK Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
06 / 23 / 2015
Transaction ID : SA11AI.52895
Amount of Each Receipt this Period 500.00

c. Dr. Lydia R Christiansen MD
Full Name (Last, First, Middle Initial)
Mailing Address 2502 Osprey St
City Casper State WY Zip Code 82601
FEC ID number of contributing federal political committee. **C**
Name of Employer Wyoming Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
06 / 24 / 2015
Transaction ID : SA11AI.52910
Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 9 OF 34
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Karen M Clary MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1425 Portland Ave
 City Rochester State NY Zip Code 14621-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rochester Genl Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52908
 Amount of Each Receipt this Period
250.00

B. Dr. Bradford Scott Collins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 955 Ribaut Rd
 City Beaufort State SC Zip Code 29902-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaufort Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.52921
 Amount of Each Receipt this Period
300.00

c. Dr. DeWitt S Davenport MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5013 Oakmont
 City Harlingen State TX Zip Code 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Hosp at Renaissance Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.52876
 Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....	2550.00
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 10 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Diane Davis Davey MD
Full Name (Last, First, Middle Initial)
Mailing Address 9885 Leland Dr
City Orlando State FL Zip Code 32827-5745
FEC ID number of contributing federal political committee. **C**
Name of Employer UCF College of Medicine Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 25 / 2015
Transaction ID : SA11AI.52923
Amount of Each Receipt this Period 250.00

B. Dr. Jordan W Eggers MD
Full Name (Last, First, Middle Initial)
Mailing Address 38 Woodland Dr
City Boyce State LA Zip Code 71409-9611
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Pathology Laboratory LLC Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.52907
Amount of Each Receipt this Period 500.00

c. Dr. Theresa S Emory MD
Full Name (Last, First, Middle Initial)
Mailing Address 1918 W State St
City Bristol State TN Zip Code 37620-1940
FEC ID number of contributing federal political committee. **C**
Name of Employer Highlands Pathology Consultants, PC Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 06 / 07 / 2015
Transaction ID : SA11AI.52845
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... **2750.00**
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 11 OF 34
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Brenda Lee Eriksen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 901 MacArthur Blvd
 City Munster State IN Zip Code 46321-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Community Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.52872
 Amount of Each Receipt this Period
1000.00

B. Dr. Edward Ewing DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab
 405 W Grand Ave
 City Dayton State OH Zip Code 45405-4720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grandview Hospital and Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.52856
 Amount of Each Receipt this Period
1500.00

C. Dr. Adolfo Firpo-Betancourt MD,MPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Gustave L Levy PI Box 1194
 City New York State NY Zip Code 10029-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt Sinai Schl of Med Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.52866
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **2750.00**
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 12 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Edward P Fody MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6574 Partridge Ln
 City Holland State MI Zip Code 49423-8965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holland Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.52925
 Amount of Each Receipt this Period
 2500.00

B. Dr. Michael Jean Goldfischer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept
 30 Prospect Ave
 City Hackensack State NJ Zip Code 07601-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hackensack Univ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.52861
 Amount of Each Receipt this Period
 500.00

c. Dr. Stanley R Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 Anderson St
 City Bellaire State TX Zip Code 77401-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.52864
 Amount of Each Receipt this Period
 1000.00

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: PAGE 13 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Rasheed Hammadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Oakwood Dr
 City Westmont State IL Zip Code 60559-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Christ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.52888
 Amount of Each Receipt this Period
 500.00

B. Dr. Lauren A Hammock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 72059
 City Eugene State OR Zip Code 97401-0285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Consultants PC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.52930
 Amount of Each Receipt this Period
 2500.00

c. Dr. Michael Joseph Hayes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Science CT Ste 200
 City Columbia State SC Zip Code 29203-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Professional Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52911
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 14 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Jason Paul Heese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 900 Illinois St
 City Stevens Point State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Michael's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.52859
 Amount of Each Receipt this Period
 250.00

B. Dr. Gene N Herbek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address The Path Center
 8303 Dodge St
 City Omaha State NE Zip Code 68114-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52901
 Amount of Each Receipt this Period
 2500.00

C. Dr. William F. Hickey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path/Borwell Bldg
 1 Medical Center Dr
 City Lebanon State NH Zip Code 03756-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Med School Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.52897
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 15 OF 34
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Robert L. Hunter MD,PhD

Full Name (Last, First, Middle Initial)
Mailing Address Dep of Path
6431 Fannin

City Houston State TX Zip Code 77030-2017

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

Name of Employer University of Texas-Houston Medical Sc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2015
Transaction ID : SA11AI.52941

Amount of Each Receipt this Period
250.00

B. Dr. Rebecca L. Johnson MD

Full Name (Last, First, Middle Initial)
Mailing Address 4830 W. Kennedy Blvd Ste 690

City Tampa State FL Zip Code 33609-2571

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

Name of Employer American Board of Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 25 / 2015
Transaction ID : SA11AI.52939

Amount of Each Receipt this Period
500.00

C. Dr. Mustafa Kaakour MD

Full Name (Last, First, Middle Initial)
Mailing Address Centrex Path
1656 Champlin Ave

City Utica State NY Zip Code 13502-4830

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

Name of Employer Faxton-St Lukes Healthcare Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2015
Transaction ID : SA11AI.52936

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 16 OF 34
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Bradley S. Karon MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 200 First St SW
 City Rochester State MN Zip Code 55905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : SA11AI.52871
 Amount of Each Receipt this Period **300.00**

B. Dr. Elliot A Krauss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Educ Bldg
 1 Plainsboro Rd FI II
 City Plainsboro State NJ Zip Code 08536-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Med Ctr of Princeton at Pla Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 22 / 2015**
Transaction ID : SA11AI.52857
 Amount of Each Receipt this Period **250.00**

C. Dr. John A Laczin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 Mulsanne Dr
 City Zionsville State IN Zip Code 46077-9076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Covance Central Lab Svcs Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 25 / 2015**
Transaction ID : SA11AI.52928
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 17 OF 34
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Debra G.B. Leonard MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path and Lab Med
 111 Colchester Ave Rm M1-113A
 City Burlington State VT Zip Code 05405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fletcher Allen Health Care Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 22 / 2015**
Transaction ID : SA11AI.52855
 Amount of Each Receipt this Period **1500.00**

B. Dr. Christopher M Leveque MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Chester Dr
 City Friendswood State TX Zip Code 77546-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : SA11AI.52874
 Amount of Each Receipt this Period **300.00**

C. Dr. Janina A. Longtine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Gustave L Levy Pl Box 1194
 City New York State NY Zip Code 10029-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : SA11AI.52880
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional)..... **2550.00**
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 18 OF 34
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Alfred Lui MD
Full Name (Last, First, Middle Initial)

Mailing Address 19951 Mariner Ave Ste 150

City Torrance State CA Zip Code 90503-1738

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

Name of Employer Pathology, Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 24 / 2015
Transaction ID : SA11AI.52898

Amount of Each Receipt this Period 1000.00

B. Dr. Tomas Manuel Machin MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
508 E Hickory Ave PO Box 1058

City Lompoc State CA Zip Code 93438

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

Name of Employer Lompoc District Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2015
Transaction ID : SA11AI.52893

Amount of Each Receipt this Period 250.00

c. Dr. Roger C Mathewson MD
Full Name (Last, First, Middle Initial)

Mailing Address Laboratory Medical Director
401 N Ewing St

City Lancaster State OH Zip Code 43130-3372

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

Name of Employer Fairfield Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2015
Transaction ID : SA11AI.52891

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Carlos A. Mattioli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S Bryan Rd
 City Mission State TX Zip Code 78572-6613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.52873
 Amount of Each Receipt this Period
 1000.00

B. Dr. Franklin E McCoy Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1301 15th Ave W
 City Williston State ND Zip Code 58801-3821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.52858
 Amount of Each Receipt this Period
 250.00

C. DR JAMES r Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2916 S Brentwood Blvd
 City Brentwood State MO Zip Code 63144-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52904
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 20 OF 34
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. John C. Moad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7835 Paragon Rd
 City Dayton State OH Zip Code 45459-4021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Derm-Path Lab of Central States Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : SA11AI.52882
 Amount of Each Receipt this Period **1500.00**

B. Dr. Michelle Leigh Ehrlich Powers MD,MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 4300 W Memorial Rd
 City Oklahoma City State OK Zip Code 73120-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hlth Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 24 / 2015**
Transaction ID : SA11AI.52913
 Amount of Each Receipt this Period **1000.00**

C. Dr. Richard A Ray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 975 Sereno Dr
 City Vallejo State CA Zip Code 94589-2441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : SA11AI.52889
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 21 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Paula Jayne Rogers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 2825 Parklawn Dr
 City State Zip Code
 Midwest City OK 73110-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Midwest Reg Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52915
 Amount of Each Receipt this Period
 250.00

B. Dr. Michael C Royer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 12th St NE
 City State Zip Code
 Washington DC 20002-6320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Walter Reed Natl Military Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.52934
 Amount of Each Receipt this Period
 500.00

C. Dr. Harvey F. Sasken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Lexington Ave # 252
 City State Zip Code
 New York NY 10028-1439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lincoln Med & Mental Health Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52903
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 22 OF 34
	<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	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Suzanne M Selvaggi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Clinical Laboratories
 600 Highland Ave
 City Madison State WI Zip Code 53792-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Wisconsin Hosp & Clinics Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 24 / 2015**
Transaction ID : SA11AI.52918
 Amount of Each Receipt this Period **500.00**

B. Dr. Kathryn Frances Skitarelic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 14th Fairway Ct
 City Morgantown State WV Zip Code 26508-4575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : SA11AI.52883
 Amount of Each Receipt this Period **250.00**

C. Dr. Peter Stanley Smythe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3170 W Central Ave
 City Toledo State OH Zip Code 43606-2945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consultants in Laboratory Medicine Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : SA11AI.52887
 Amount of Each Receipt this Period **250.00**

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 23 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Dr. Robert J. Tomec MD
 Mailing Address Dept of Path
 530 N Lafayette Blvd
 City State Zip Code
 South Bend IN 46601-1098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Bend Medical Foundation Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : SA11AI.52916
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. Stephen Christopher Ward MD, PhD
 Mailing Address Annenberg Bldg/Dept of Path
 One Gustave L Levy Place Box 1194
 City State Zip Code
 New York NY 10029-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mt. Sinai School of Medicine unaffiliated
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.52943
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Dr. Robert Brian Wells Sr MD
 Mailing Address Dept of Path
 1726 S Beckham Ave
 City State Zip Code
 Tyler TX 75701-4465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Associates of Tyler Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.52942
 Amount of Each Receipt this Period
 250.00

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 24 OF 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Jeff A. Welsh MD
Full Name (Last, First, Middle Initial)
Mailing Address Lexington Medical Center
Dept of Path
City West Columbia State SC Zip Code 29169-4810
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
06 / 22 / 2015
Transaction ID : SA11AI.52860
Amount of Each Receipt this Period
250.00

B. Dr. Alice L Werner MD,DO
Full Name (Last, First, Middle Initial)
Mailing Address Lab
601 Childrens LN
City Norfolk State CT Zip Code 23507-1910
FEC ID number of contributing federal political committee. **C**
Name of Employer Children's Hosp of King's Daughters Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
06 / 24 / 2015
Transaction ID : SA11AI.52900
Amount of Each Receipt this Period
250.00

c. Dr Jerome S Wilkenfeld MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 690685
City Houston State TX Zip Code 77269-0685
FEC ID number of contributing federal political committee. **C**
Name of Employer North Cypress Medical Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
06 / 24 / 2015
Transaction ID : SA11AI.52905
Amount of Each Receipt this Period
500.00

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 25 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Lola Bennett Windisch MD
Full Name (Last, First, Middle Initial)
Mailing Address 4608 21st St
City Lubbock State TX Zip Code 79407-2312
FEC ID number of contributing federal political committee. **C**
Name of Employer Ameripath Lubbock CMC Campus Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 06 / 25 / 2015
Transaction ID : SA11AI.52931
Amount of Each Receipt this Period 500.00

B. Dr. Jan E Woods MD
Full Name (Last, First, Middle Initial)
Mailing Address Associates of Path 5475 S 500 E
City Ogden State UT Zip Code 84405-6905
FEC ID number of contributing federal political committee. **C**
Name of Employer Ogden Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 23 / 2015
Transaction ID : SA11AI.52879
Amount of Each Receipt this Period 250.00

C. Dr. Howard W Wright III MD
Full Name (Last, First, Middle Initial)
Mailing Address 4864 Jackson St
City Monroe State LA Zip Code 71202-6400
FEC ID number of contributing federal political committee. **C**
Name of Employer LSU-E A Conway Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 23 / 2015
Transaction ID : SA11AI.52878
Amount of Each Receipt this Period 250.00

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 26 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Dr. Hector Zepeda MD

Mailing Address 10175 Gateway Blvd W Ste 116

City State Zip Code
 El Paso TX 79925-7618

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

Name of Employer Occupation
 Del Sol Med Ctr Immediate Care Ctr Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11AI.52926

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	38700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	5

Transaction ID : SB21B.52843

Amount of Each Disbursement this Period

4	1	.	9	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : SB21B.52844

Amount of Each Disbursement this Period

5	9	.	0	0
---	---	---	---	---

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

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

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

1	0	0
---	---	---

1	0	0
---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.52944

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL
SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.52945

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.52946

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

2	6	0	0	0	0	0	0	0	0

2	6	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. BUTTERFIELD FOR CONGRESS

Mailing Address P.O. BOX 2571

City WILSON State NC Zip Code 27894

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52947

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address P.O. BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52948

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52949

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. Diana DeGette for Congress

Mailing Address P O BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.52950

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Mailing Address P.O. BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.52951

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SB23.52952

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

5	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

5	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MO District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52953

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : SB23.52964

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. HOYER'S MAJORITY FUND

Mailing Address 700 13TH STREET
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MD District: 05

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

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52954

Amount of Each Disbursement this Period

1500.00

Category/Type

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

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. LEVIN FOR CONGRESS

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52955

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : SB23.52965

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52956

Amount of Each Disbursement this Period

2500.00

Category/
Type

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. PAC TO THE FUTURE

Mailing Address 700 13TH STREET, NW
SUITE 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52957

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52958

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB23.52960

Amount of Each Disbursement this Period

4000.00

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

6000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SB23.52961

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: ID District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SB23.52962

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234-0661

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SB23.52963

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

31100.00
