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Image# 201507169000242635

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIM 3X F	For Other Than An Auth	norized Committee	Office U	Jse Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
College of American P	athologists Political A	ction Committee		
ADDRESS (number and street) Check if different than previously reported. (ACC)	Suite 590 Washington		DC 2000	5 _
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	Y A	STATE ▲	ZIP CODE ▲
C C00274944		S THIS EPORT X NEW (N) OR	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C) July 15 Quarterly Report (C) Quarterly Report (C) January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER)	Report Due On: Mar Apr : (c) 12-Day PRE-Election Report for the: (d) 30-Day	General (30G)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period 06	01 2015	through 06	30 20	015
I certify that I have examined th Type or Print Name of Treasure	•	my knowledge and belief it is to	rue, correct and comple	ete.
	Michael Misialek Dr.	[Electronically Filed]	Date 07 10	6 2015
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signing	this Report to the penals	ties of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 06 01 2015 To: 06 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2015		405859.24				
	(b) Cash on Hand at Beginning of Reporting Period	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					

X

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

К	eport Covering the Period: From: 06	01 2015 To:	06 30 2015			
	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(iii) TOTAL (add	2662.00	22696.00			
	Lines 11(a)(i) and (ii)▶	41362.00	163691.00			
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00			
	(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	0.00	0.00			
	Party Committees	0.00				
13.	All Loans Received	0.00	0.00			
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	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			
10	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
Operating Expenditures:	10141 11113 1 61104	Calcilual Teal-IO-Date
(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	400.00	620.00
Expenditures(c) Total Operating Expenditures	100.90	629.90
(add 21(a)(i), (a)(ii), and (b))▶	100.90	629.90
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	31100.00	82350.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use ouriedule 1)	7	
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other		0.00
Than Political Committees	0.00	0.00
(h) Political Party Committees	0.00	0.00
(b) Political Party Committees	0.00	7 7
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
_		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
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
Emico oo(a)(ii), oo(a)(ii) and oo(b))		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31200.90	82979.90
	7	7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	24222.22	20072.00
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	41362.00	163691.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41362.00	163691.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	100.90	629.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	100.90	629.90

FOR LINE NUMBER:						PAGE	6	OF	34	
(check only one)										
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Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Gyorgy Abel Mailing Address Department of Lab Medicine		Date of Receipt
Mailing Address Department of Lab Medicine 41 Mall Rd		06 24 2015
City	State Zip Code	Transaction ID : SA11AI.52902
Burlington	MA 01805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Lahey Clin Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Paul F Atkinson MD		Date of Receipt
Mailing Address 3300 Buckeye Rd Ste 178		06 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.52937
Atlanta	GA 30341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Pathology & Laboratory Medicine, P.C.	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Paul Bachner MD		Date of Receipt
Mailing Address Dept of Path & Lab Med 800 Rose St MSC 112		06 25 2015
City	State Zip Code	Transaction ID : SA11AI.52938
Lexington	KY 40536-0298	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Univ of Kentucky Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number	only)	

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

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal parame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jiri Biorn Bedrnicek MD Mailing Address The Batheless Ctr		Date of Receipt
Mailing Address The Pathology Ctr 8303 Dodge St		06 24 2015
City	State Zip Code	Transaction ID : SA11AI.52906
Omaha	NE 68114-4108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Methodist Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr Cathy O Blight MD		Date of Receipt
Mailing Address Dept of Path		06 22 2015
1 Hurley Plz City	State Zip Code	06 22 2015 Transaction ID : SA11Al.52853
Flint	MI 48503-5902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Hurley Med Ctr	Occupation	
	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Henry W Bockelman MD		Date of Receipt
Mailing Address Dept of Path 600 Mary St	0)	06 25 2015
City Evansville	State Zip Code IN 47747-0001	Transaction ID : SA11AI.52927
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Deaconess Hospital	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	>	1250.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert F Carr Jr MD Mailing Address 510 Chaumont Dr		Date of Receipt
Maning Address 510 Chaumont Di		06 23 2015
City	State Zip Code	Transaction ID : SA11AI.52890
Villanova	PA 19085-1105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Main Line Hospitals	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Victor Casas MD Mailing Address 3 Telegraph Hill Rd		Date of Receipt
		06 23 2015
City	State Zip Code	Transaction ID : SA11AI.52895
Holmdel	NJ 07733-1465	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
JFK Medical Center	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Lydia R Christiansen MD		Date of Receipt
Mailing Address 2502 Osprey St		06 24 2015
City Casper	State Zip Code WY 82601	Transaction ID : SA11AI.52910 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Wyoming Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numbe	r only)	

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Karen M Clary MD Mailing Address Department of Pathology 1425 Portland Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester FEC ID number of contributing federal political committee. Name of Employer Rochester Genl Hosp Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code NY 14621-3001 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11AI.52908 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Bradford Scott Collins MD Mailing Address Dept of Path 955 Ribaut Rd City Beaufort FEC ID number of contributing federal political committee. Name of Employer Beaufort Mem Hosp Receipt For: Primary General Other (specify)	State Zip Code SC 29902-5441 C Occupation Pathologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 25 2015 Transaction ID: SA11AI.52921 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. DeWitt S Davenport MD Mailing Address 5013 Oakmont City Harlingen FEC ID number of contributing federal political committee. Name of Employer Doctors Hosp at Renaissance Receipt For: Primary General Other (specify)	State Zip Code TX 78552 C Occupation Pathologist Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		2550.00
TOTAL This Period (last page this line numbe	only)	

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

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Diane Davis Davey MD Date of Receipt Mailing Address 9885 Leland Dr 2015 25 City Zip Code State Transaction ID: SA11AI.52923 FL Orlando 32827-5745 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation UCF College of Medicine Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jordan W Eggers MD Date of Receipt Mailing Address 38 Woodland Dr 06 24 2015 City State Zip Code Transaction ID: SA11AI.52907 LA Boyce 71409-9611 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Delta Pathology Laboratory LLC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Theresa S Emory MD Date of Receipt Mailing Address 1918 W State St 06 07 2015 City Zip Code State Transaction ID: SA11AI.52845 TN Bristol 37620-1940 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Name of Employer Occupation Highlands Pathology Consultants, PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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(che	ck only	or	ne)						
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	Statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologic	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Brenda Lee Eriksen MD Mailing Address Dept of Path		Date of Receipt
901 MacArthur Blvd		06 23 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.52872
Munster	IN 46321-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	_
The Community Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Edward Ewing DO	1	Date of Receipt
Mailing Address Lab		M = M / D = D / Y = Y = Y
405 W Grand Ave	State Zin Code	06 22 2015
City	State Zip Code OH 45405-4720	Transaction ID : SA11AI.52856
Dayton	45405-4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	1
Grandview Hospital and Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Dr. Adolfo Firpo-Betancourt MD,I	MPA	Date of Receipt
Mailing Address 1 Gustave L Levy PI Box 119		06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York	State Zip Code NY 10029-6500	Transaction ID : SA11AI.52866 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Mt Sinai Schl of Med	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	1.00.00000	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	2750.00
TOTAL This Period (last page this line number	r only)	

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

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Edward P Fody MD Date of Receipt Mailing Address 6574 Partridge Ln 2015 25 City Zip Code State Transaction ID: SA11AI.52925 Holland MI 49423-8965 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Holland Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael Jean Goldfischer MD Date of Receipt Mailing Address Path Dept 30 Prospect Ave 06 22 2015 City State Zip Code Transaction ID: SA11AI.52861 NJ Hackensack 07601-1914 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Hackensack Univ Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Stanley R Hamilton MD Date of Receipt Mailing Address 806 Anderson St 06 22 2015 City Zip Code State Transaction ID: SA11AI.52864 Bellaire TX 77401-2807 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 13 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Rasheed Hammadeh MD Date of Receipt Mailing Address 1029 Oakwood Dr 2015 City State Zip Code Transaction ID: SA11AI.52888 Westmont IL 60559-1039 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Advocate Christ Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lauren A Hammock MD Date of Receipt Mailing Address PO Box 72059 06 25 2015 City State Zip Code Transaction ID: SA11AI.52930 OR Eugene 97401-0285 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Pathology Consultants PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael Joseph Hayes MD Date of Receipt Mailing Address 1 Science CT Ste 200 06 24 2015 City Zip Code State Transaction ID: SA11AI.52911 SC Columbia 29203-9653 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Professional Pathology Services Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 3250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	13	14	15		16	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jason Paul Heese MD Mailing Address Dept of Path		Date of Receipt
900 Illinois St		06 22 2015
City	State Zip Code	Transaction ID : SA11AI.52859
Stevens Point	WI 54481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
St Michael's Hosp	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Gene N Herbek MD		Date of Receipt
Mailing Address The Path Center 8303 Dodge St	Choka 7: Cod-	06 24 2015
City Omaha	State Zip Code NE 68114-4108	Transaction ID : SA11AI.52901 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer Methodist Hospital Pathology	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) C. Dr. William F. Hickey MD		Date of Receipt
Mailing Address Dept of Path/Borwell Bldg 1 Medical Center Dr		06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lebanon	State Zip Code NH 03756-1000	Transaction ID : SA11AI.52897 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Dartmouth Med School	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	3000.00

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Detailed Summary Page		11a		11b		11c		12		
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert L. Hunter MD,PhD Mailing Address Dep of Both		Date of Receipt
Mailing Address Dep of Path		M M / D D / Y Y Y Y Y
6431 Fannin City	State Zip Code	06 25 2015 Transaction ID : SA11AI.52941
Houston	TX 77030-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
University of Texas-Houston Medical Sc	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Rebecca L. Johnson MD		Date of Receipt
Mailing Address 4830 W. Kennedy Blvd Ste 69	0	06 25 2015
City	State Zip Code	Transaction ID : SA11AI.52939
	FL 33609-2571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
American Board of Pathology	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Mustafa Kaakour MD		Date of Receipt
Mailing Address Centrex Path		M = M / D = D / Y = Y = Y
1656 Champlin Ave		06 25 2015
City	State Zip Code NY 13502-4830	Transaction ID : SA11AI.52936
Utica	NY 13502-4830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Faxton-St Lukes Healthcare	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Bradley S. Karon MD, PhD Date of Receipt Mailing Address Dept of Path 200 First St SW 2015 City Zip Code State Transaction ID: SA11AI.52871 MN Rochester 55905 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Mayo Clinic Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Elliot A Krauss MD Date of Receipt Mailing Address Educ Bldg 1 Plainsboro Rd Fl II 06 22 2015 City State Zip Code Transaction ID: SA11AI.52857 NJ Plainsboro 08536-1913 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University Med Ctr of Princeton at Pla Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John A Laczin MD Date of Receipt Mailing Address 1950 Mulsanne Dr 06 25 2015 City Zip Code State Transaction ID: SA11AI.52928 IN Zionsville 46077-9076 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Covance Central Lab Svcs Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Debra G.B. Leonard MD,PhD Date of Receipt Mailing Address Dept of Path and Lab Med 111 Colchester Ave Rm M1-113A 2015 City Zip Code State Transaction ID: SA11AI.52855 Burlington VT 05405 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation Fletcher Allen Health Care Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Christopher M Leveque MD Date of Receipt Mailing Address 102 Chester Dr 06 23 2015 City State Zip Code Transaction ID: SA11AI.52874 TX Friendswood 77546-4300 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Methodist Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Janina A. Longtine MD Date of Receipt Mailing Address 1 Gustave L Levy PI Box 1194 06 23 2015 City Zip Code State Transaction ID: SA11AI.52880 NY New York 10029-6500 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation Mount Sinai Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General

750.00

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Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Alfred Lui MD Date of Receipt Mailing Address 19951 Mariner Ave Ste 150 2015 24 City Zip Code State Transaction ID: SA11AI.52898 CA Torrance 90503-1738 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Pathology, Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Tomas Manuel Machin MD Date of Receipt Mailing Address Dept of Path 508 E Hickory Ave PO Box 1058 06 23 2015 City Zip Code State Transaction ID: SA11AI.52893 CA Lompoc 93438 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Lompoc District Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Roger C Mathewson MD Date of Receipt Mailing Address Laboratory Medical Director 06 23 2015 401 N Ewing St City Zip Code State Transaction ID: SA11AI.52891 OH Lancaster 43130-3372 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Fairfield Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Carlos A. Mattioli MD Date of Receipt Mailing Address 900 S Bryan Rd 2015 City Zip Code State Transaction ID: SA11AI.52873 Mission TX 78572-6613 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Mission Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Franklin E McCoy Jr MD Date of Receipt Mailing Address Dept of Path 1301 15th Ave W 06 22 2015 City State Zip Code Transaction ID: SA11AI.52858 ND Williston 58801-3821 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mercy Medical Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. DR JAMES r Miller MD Date of Receipt Mailing Address 2916 S Brentwood Blvd 06 24 2015 City Zip Code State Transaction ID: SA11AI.52904 MO **Brentwood** 63144-2714 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pathology Services Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. John C. Moad MD Date of Receipt Mailing Address 7835 Paragon Rd 2015 City Zip Code State Transaction ID: SA11AI.52882 OH Dayton 45459-4021 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Name of Employer Occupation Derm-Path Lab of Central States Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michelle Leigh Ehrlich Powers MD,MBA Date of Receipt Mailing Address Dept of Path 4300 W Memorial Rd 06 24 2015 City State Zip Code Transaction ID: SA11AI.52913 OK Oklahoma City 73120-8304 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Mercy HIth Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Richard A Ray MD Date of Receipt Mailing Address Dept of Path 06 23 2015 975 Sereno Dr City Zip Code State Transaction ID: SA11AI.52889 CA Vallejo 94589-2441 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Kaiser Permanente Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 2800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	ets Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Paula Jayne Rogers MD Mailing Address Dept of Pathology 2825 Parklawn Dr City	State Zip Code	Date of Receipt M M / D D / Y J Y J Y J Y J Y J Y J Y J Y J Y J Y
Midwest City FEC ID number of contributing federal political committee.	OK 73110-4201	Amount of Each Receipt this Period 250.00
Name of Employer Midwest Reg Med Ctr Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael C Royer MD Mailing Address 306 12th St NE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20002-6320	Transaction ID : SA11AI.52934 Amount of Each Receipt this Period 500.00
Name of Employer Walter Reed Natl Military Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Harvey F. Sasken MD Mailing Address 1202 Lexington Ave # 252		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10028-1439	Transaction ID : SA11AI.52903 Amount of Each Receipt this Period 250.00
Name of Employer Lincoln Med & Mental Health Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Suzanne M Selvaggi MD Date of Receipt Mailing Address Clinical Laboratories 600 Highland Ave 2015 24 City Zip Code State Transaction ID: SA11AI.52918 WI Madison 53792-0001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Univ of Wisconsin Hosp & Clinics Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Kathryn Frances Skitarelic MD Date of Receipt Mailing Address 4 14th Fairway Ct 06 23 2015 City State Zip Code Transaction ID: SA11AI.52883 WV Morgantown 26508-4575 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Peter Stanley Smythe MD Date of Receipt Mailing Address 3170 W Central Ave 06 23 2015 City State Zip Code Transaction ID: SA11AI.52887 OH Toledo 43606-2945 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Consultants in Laboratory Medicine Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert J. Tomec MD Date of Receipt Mailing Address Dept of Path 530 N Lafayette Blvd 2015 24 City Zip Code State Transaction ID: SA11AI.52916 South Bend IN 46601-1098 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation South Bend Medical Foundation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Stephen Christopher Ward MD,PhD Date of Receipt Mailing Address Annenberg Bldg/Dept of Path One Gustave L Levy Place Box 1194 06 25 2015 City Zip Code State Transaction ID: SA11AI.52943 NY New York 10029-6500 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Mt. Sinai School of Medicine unaffiliated Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert Brian Wells Sr MD Date of Receipt Mailing Address Dept of Path 06 25 2015 1726 S Beckham Ave City Zip Code State Transaction ID: SA11AI.52942 Tyler TX 75701-4465 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pathology Associates of Tyler Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Jeff A. Welsh MD Date of Receipt Mailing Address Lexington Medical Center Dept of Path 2015 City State Zip Code Transaction ID: SA11AI.52860 SC West Columbia 29169-4810 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Alice L Werner MD, DO Date of Receipt Mailing Address Lab 601 Childrens LN 06 24 2015 City State Zip Code Transaction ID: SA11AI.52900 CT Norfolk 23507-1910 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Children's Hosp of King's Daughters Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr Jerome S Wilkenfeld MD Date of Receipt Mailing Address PO Box 690685 06 24 2015 City Zip Code State Transaction ID: SA11AI.52905 Houston TX 77269-0685 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation North Cypress Medical Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Lola Bennett Windisch MD Date of Receipt Mailing Address 4608 21st St 2015 25 City Zip Code State Transaction ID: SA11AI.52931 Lubbock TX 79407-2312 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Ameripath Lubbock CMC Campus Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jan E Woods MD Date of Receipt Mailing Address Associates of Path 5475 S 500 E 06 23 2015 City State Zip Code Transaction ID: SA11AI.52879 UT Ogden 84405-6905 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Ogden Reg Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Howard W Wright III MD Date of Receipt Mailing Address 4864 Jackson St 06 23 2015 City State Zip Code Transaction ID: SA11AI.52878 Monroe LA 71202-6400 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation LSU-E A Conway Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Hector Zepeda MD Date of Receipt Mailing Address 10175 Gateway Blvd W Ste 116 2015 25 City Zip Code State Transaction ID: SA11AI.52926 TX 79925-7618 El Paso Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Del Sol Med Ctr Immediate Care Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 38700.00 TOTAL This Period (last page this line number only).....

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Mailing Address P.O. Box 85024 City State Zip Code VA 23285 Purpose of Disbursement Suntrust Account Analysis Fee Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial)	SCI	Llos concreto cohodulo(a)					LINE	NUMBEI	₹:			INE NUMBER: PAGE 27 OF 34						
Detailed Summary Page 27 28a 28b 28c 29 30b 30c 29 30c 3	ITE	MIZED DISBURSEMENTS			(6)		-		_	٦	_							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee in the purpose of seliciting contributions for sold 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 State Zip Code Rectance Primary General Primary General Primary General State: Disbursement United States Primary General Surfusial Account Analysis Fee Candidate Name Category/ Type State Zip Code VA 22285 Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 22285 Full Name (Last, First, Middle Initial) B. Sun General Primary General Primary General Primary General Surfusial Account Analysis Fee Cardidate Name Category/ Type Disbursement Other (specify) V Transaction ID : SB21B.52844 Amount of Each Disbursement General Primary General State: District						X												
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 State Zip Code Richmond VA 23285 Furpose of Disbursement Sunticus Moneris ACH Fee Ganddate Name Class Sought: State Sunticus Moneris ACH Fee State: District Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 23285 Furpose of Disbursement For: State Sunticus Moneris ACH Fee Canddate Name Class Sought: Sanate Primary General Disbursement Business General Primary General Primary General Disbursement For: Ganddate Name Clity State Zip Code Purpose of Disbursement For: Ganddate Name Disbursement For: Ganddate Name Clast, First, Middle Initial) C. Date of Disbursement This Period Categopy/ Type Date of Disbursement This Period Categopy/ Type Office Sought: House Senate Primary General Disbursement For: Ganddate Name Clast, First, Middle Initial) Substortial of Disbursement For: Ganddate Name General Primary General Disbursement For: Ganddate Name Clast First, Middle Initial) Substortial of Disbursement For: Ganddate Name Clast First, Middle Initial Other (specify) ▼ State District Disbursement For: Ganddate Name Clast First	٨٨٠٠	information copied from such Banaria and Chatan	nonte mais	not he cold as	and his	200					of c			ution				
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement Suntrust Months AcH Fee Candidate Name Office Sought: House President Primary General Disbursement For: Sonate Sonate VA 23285 City State: District: House Primary General Disbursement For: Sonate Sonate VA 23285 City State Zip Code VA 23285 Transaction ID : \$8218.52843 Amount of Each Disbursement this Period Category/ 11.90 Date of Disbursement Date of Disbursement Sonate Account Analysis Fee Candidate Name Candidate Name Cardidate Name Cardidate Name Cardidate Name Cardidate Name Collice Sought: House President State: District: Sanate Primary General Other (specity) ▼ State: District: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House President Other (specity) ▼ State: District: Sanate Primary General Other (specity) ▼ Date of Disbursement this Period Category/ Type Office Sought: House President State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President State Zip Code Purpose of Disbursement For: Sanate Primary General Other (specity) ▼ State: District: Sanate Primary General Other (specity) ▼ Substotal of Disbursement this Period Category/ Type Office Sought: Sanate Primary General Other (specity) ▼ Substotal of Disbursement this Period Category/ Type Office Sought: Sanate Primary General Other (specity) ▼ Substotal of Disbursement This Page (optional) This Page																		
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A. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 23285 Purpose of Disbursement Suntrust Moneria ACH Fee Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) C. City State Zip Code Purpose of Disbursement For: Senate President VA 23285 Category' Office Sought: House Senate Primary General Primary Suntrust Account Analysis Fee Candidate Name Category' Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. City State Zip Code Purpose of Disbursement Tor: Senate President Other (specify) ▼ State: District: Category' Office Sought: House Senate Primary General Primary General President State: District: Candidate Name Category' Office Sought: House Senate Primary General Prim	\rangle	College of American Pathologists F	Political /	Action Com	mitte	е												
City State Zip Code VA 23285 Purpose of Disbursement VA 23285 Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 23285 Full Name (Last, First, Middle Initial) Senate President Surfurst Account Analysis Fee Candidate Name Category' Type Disbursement For: Senate President Surfurst Account Analysis Fee Candidate Name Candidate Name Category' Type Disbursement For: Senate President Surfurst Account Analysis Fee Candidate Name Category' Type Disbursement For: Senate President Other (specify) ▼ Disbursement For: Senate President Other (specify) ▼ Sanate President State: Disbursement For: Senate President Cother (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Category' Type Disbursement Category' Sanot Category' Sanot President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Senate Primary General Other (specify) ▼ Subtotal Other (specify) ▼		,							, -									
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NAME OF COMMITTEE (In Full) College of American Pathologists I	Political Action C	ommittee	
Full Name (Last, First, Middle Initial)			
- ANDY HARRIS FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 604			06 11 2015
City BEL AIR	State Zip Code MD 21014		Transaction ID : SB23.52944
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
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Full Name (Last, First, Middle Initial) - ANNA ESHOO FOR CONGRESS Mailing Address 555 CAPITOL MALL			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE 1425	State Zip Code		Transaction ID : SB23.52945
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Full Name (Last, First, Middle Initial) - BRADY FOR CONGRESS			Date of Disbursement
Mailing Address P.O. Box 8277			06 11 2015
City The Woodlands Purpose of Disbursement	State Zip Code TX 77387		Transaction ID : SB23.52946
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SCHEDULE B (FEC Form 3X)	Han annual and the Co	FOR LINE NUMBER: PAGE 29 OF 34				
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A. BUTTERFIELD FOR CONGRESS			Date of Disbursement	_		
Mailing Address P.O. BOX 2571			06 11 2015			
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WILSON Purpose of Disbursement	NC 27894					
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B. COLLINS FOR CONGRESS			Date of Disbursement			
Mailing Address P.O. BOX 386			06 11 2015			
CLARENCE	tate Zip Code NY 14031		Transaction ID : SB23.52948			
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,	tate Zip Code DC 20002		Transaction ID : SB23.52949			
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Α.	Diana DeGette for Congress				Date of Dis				
	Mailing Address P O BOX 61337				06	11	2015		
	,		Code		Transactio	on ID : SB23.5	2950		
	DENVER	CO 802	206						
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	Full Name (Last, First, Middle Initial)								
В.	FRIENDS OF JIM CLYBURN				Date of Dis	bursement			
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	Mailing Address P.O. BOX 12567				06	11	2015		
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C.	FRIENDS OF PAT TOOMEY Mailing Address 228 S. WASHINGTON ST., SUITE City S. ALEXANDRIA Purpose of Disbursement Candidate Name	State Zip VA 223	314	Category/ Type	M M / O6	11 / On ID : SB23.5	2952		
C.	FRIENDS OF PAT TOOMEY Mailing Address 228 S. WASHINGTON ST., SUITE City S. ALEXANDRIA Purpose of Disbursement Candidate Name Office Sought: House Disbursement	State Zip VA 223	314 		M M / O6	11 / On ID : SB23.5	2952 ment this Period		
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С.	FRIENDS OF PAT TOOMEY Mailing Address 228 S. WASHINGTON ST., SUITE City S. ALEXANDRIA Purpose of Disbursement Candidate Name Office Sought: House Senate President Disbursement	State Zip VA 223 nent For: 2016 Primary	General		M M / O6	11 / On ID : SB23.5	2952 ment this Period 2000.00		
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NAME OF COMMITTEE (In Full)					
College of American Pathologists	Political Action Com	mittee			
Full Name (Last, First, Middle Initial)					
A. FRIENDS OF ROY BLUNT	Date of Disbursement				
Mailing Address PO BOX 10178			06 11 2015		
City	State Zip Code		Transaction ID : SB23.52953		
COLUMBIA	MO 65205				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Office Sought: House Disburse	ement For: 2016	Туре			
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Full Name (Last, First, Middle Initial)					
GUTHRIE FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. Box 9639			06 26 2015		
City	State Zip Code		Transaction ID : SB23.52964		
Bowling Green Purpose of Disbursement	KY 42102				
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Mailing Address 700 13TH STREET SUITE 600			06 11 2015		
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College of American Pathologists I	Political Action Comm	nittee			
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A. PAC TO THE FUTURE			Date of Disbursement		
Mailing Address 700 13TH STREET, NW SUITE 600			06 11 2015		
,	State Zip Code		Transaction ID : SB23.52957		
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B. PEOPLE FOR BEN			Date of Disbursement		
Mailing Address PO BOX 31129			06 11 2015		
City SANTA FE	State Zip Code NM 87594		Transaction ID : SB23.52958		
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Candidate Name	'	Category/ Type	1000.00		
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C. PORTMAN FOR SENATE COMM	ITTEE		Date of Disbursement		
Mailing Address 9856 ARCHER LANE			06 11 2015		
City DUBLIN	State Zip Code OH 43017		Transaction ID : SB23.52960		
Purpose of Disbursement	43017				
Candidate Name		Category/	Amount of Each Disbursement this Period 4000.00		
Senate President	ment For: 2016 Primary General Other (specify)	Type			
State: OH District: 00					
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			6000.00		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 34 OF 34				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 🔀 23 🗆 24			
	Detailed Summary Page	27	28a 28b 28c	29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	c and address of any point	Sai committee to	Solicit Contributions from Such	ii committee.		
College of American Pathologists P	olitical Action Com	mittee				
Full Name (Last, First, Middle Initial)			5			
A. RENEE ELLMERS FOR CONGRE	SS COMMITTEE		Date of Disbursement	YYY		
Mailing Address P.O. BOX 99567			06 11 2015			
	tate Zip Code		Transaction ID : SB23.52	961		
RALEIGH Purpose of Disbursement	NC 27624					
·			Amount of Each Disbursen	nent this Period		
Candidate Name		Category/ Type		1000.00		
	nent For: 2016	.,,,,,	,			
	Primary General Other (specify) The state of the state					
State: NC District: 02	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. SIMPSON FOR CONGRESS			Date of Disbursement	YYY		
Mailing Address 1487 PARKWAY DRIVE			06 11 2015			
BLACKFOOT	tate Zip Code ID 83221		Transaction ID : SB23.52	2962		
Purpose of Disbursement			Amount of Each Disbursen	nent this Period		
Candidate Name		Category/ Type		2500.00		
	ent For: 2016					
	Primary General Other (specify) The state of the stat					
State: ID District: 02	ether (opeony) •					
Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS			Date of Disbursement			
- VOLONTELINOT ON OF HIVINGO			M M M / D D / Y	YYY		
Mailing Address P.O. BOX 661			06 11	2015		
	itate Zip Code IL 62234-0661		Transaction ID : SB23.52	2963		
COLLINSVILLE Purpose of Disbursement	IL 62234-0661					
·		Amount of Each Disbursen	nent this Period			
Candidate Name		Category/ Type		1000.00		
	nent For: 2016	.,,,,	7			
	Primary General Other (specify)					
State: IL District: 15	outer (opeony)					
				4500.00		
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		4500.00		
TOTAL This Period (last page this line number only).		·····•		31100.00		