

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.

1 2 F E 4 M 5

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day Primary (12P) General (12G) Runoff (12R)
 PRE-Election Report for the: Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day General (30G) Runoff (30R) Special (30S)
 POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / through / /

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 11 / 19 / 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							
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**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"/>		<input type="text" value="405859.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="476151.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17631.00"/>	<input type="text" value="233917.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="493782.14"/>	<input type="text" value="639776.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-2887.60"/>	<input type="text" value="143106.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="496669.74"/>	<input type="text" value="496669.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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).....	13156.00	199861.00
(ii) Unitemized	4475.00	33681.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17631.00	233542.00
(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)	17631.00	233542.00
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	375.00
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))..... ▶	17631.00	233917.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17631.00	233917.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	112.40	1056.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	112.40	1056.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-3000.00	142050.00
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)) ..	-2887.60	143106.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-2887.60	143106.50

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)	17631.00	233542.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17631.00	233542.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	112.40	1056.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	112.40	1056.50

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

October 1, 2015

This report is adjusted for outstanding checks that were never presented to our PAC bank account for payment. (These checks were never cashed) Therefore, we are removing these items from our FEC reporting files.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<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 S Beissner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. Of Pathology
 2401 S 31st St
 City State Zip Code
 Temple TX 76508-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scott and White Memorial Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : SA11AI.53327
 Amount of Each Receipt this Period
 200.00

B. Dr Frank J Beuerlein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab Path
 900 E Oak Hill Ave
 City State Zip Code
 Knoxville TN 37917-4505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physicians Regional Medical Center 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
 10 / 01 / 2015
Transaction ID : SA11AI.53223
 Amount of Each Receipt this Period
 50.00

C. D Mark Brissette Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Little Raven St #508
 City State Zip Code
 Denver CO 80202-6180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VA Med Ctr-Denver 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
 10 / 18 / 2015
Transaction ID : SA11AI.53247
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. L Curtis Buchholz Dr.

Mailing Address Lab
 44455 Sterling Hwy

City Soldotna State AK Zip Code 99669

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

Name of Employer Peninsula Pathology Institute 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
 10 / 21 / 2015

Transaction ID : SA11AI.53262

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr. Eileen M Cahill MD

Mailing Address Dept of Path
 300 Randall Rd

City Geneva State IL Zip Code 60134-4200

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

Name of Employer Delnor Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.53246

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Dr. Jimmy R Clark MD

Mailing Address Dept of Path
 8901 W Lincoln Ave

City West Allis State WI Zip Code 53227-2409

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

Name of Employer ACL Labs 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
 10 / 21 / 2015

Transaction ID : SA11AI.53265

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Mary Elizabeth Fowkes MD, PhD

Full Name (Last, First, Middle Initial)
Mailing Address 1468 Madison Ave
Annenberg 15-22

City New York State NY Zip Code 10029

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 ▼
1000.00

Date of Receipt
10 / 21 / 2015
Transaction ID : SA11AI.53276

Amount of Each Receipt this Period
1000.00

B. Dr. David L. Gang MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
759 Chestnut St

City Springfield State MA Zip Code 01199-1001

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

Name of Employer Baystate Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
10 / 21 / 2015
Transaction ID : SA11AI.53277

Amount of Each Receipt this Period
200.00

c. Dr. Alexandra J. Gillespie MD

Full Name (Last, First, Middle Initial)
Mailing Address 3111 Beverly Dr

City Dallas State TX Zip Code 75205-2922

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

Name of Employer PathAdvantage Associated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
10 / 28 / 2015
Transaction ID : SA11AI.53350

Amount of Each Receipt this Period
255.00

SUBTOTAL of Receipts This Page (optional).....▶	1455.00
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 23
(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
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr. Eric F Glassy MD

Mailing Address 2801 Via Buena

City Palos Verdes Estates State CA Zip Code 90274-4417

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

Name of Employer: Affiliated Pathologists Medical Group Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt: **10 / 02 / 2015**

Transaction ID : **SA11AI.53231**

Amount of Each Receipt this Period: **1000.00**

Full Name (Last, First, Middle Initial)
B. Dr. Richard R. Gomez MD

Mailing Address Laboratory 1700 SW 7th St

City Topeka State KS Zip Code 66606-2489

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

Name of Employer: St Francis Hlth Ctr Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **10 / 29 / 2015**

Transaction ID : **SA11AI.53356**

Amount of Each Receipt this Period: **250.00**

Full Name (Last, First, Middle Initial)
C. Dr. Emily Ann Green MD

Mailing Address 3936 19th St

City San Francisco State CA Zip Code 94114-2522

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

Name of Employer: David Grant Med Ctr Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **10 / 21 / 2015**

Transaction ID : **SA11AI.53280**

Amount of Each Receipt this Period: **100.00**

SUBTOTAL of Receipts This Page (optional)..... **1350.00**

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 11 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Thomas S. Haas DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1000 Mineral Point Ave
 City State Zip Code
 Janesville WI 53548-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Hospital Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : SA11AI.53236
 Amount of Each Receipt this Period
 300.00

B. Dr. Thomas S. Haas DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1000 Mineral Point Ave
 City State Zip Code
 Janesville WI 53548-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Hospital Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2015
Transaction ID : SA11AI.53331
 Amount of Each Receipt this Period
 300.00

C. Dr William W Hinchey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Canterbury Hill St
 City State Zip Code
 San Antonio TX 78209-2817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Christus Santa Rosa Westover Hills 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
 10 / 01 / 2015
Transaction ID : SA11AI.53224
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
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 12 OF 23
	(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

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

Full Name (Last, First, Middle Initial) A. Dr. Richard H Knierim MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015
Mailing Address 11920 NE 39th St		Transaction ID : SA11AI.53292
City Bellevue	State WA	Zip Code 98005-1250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr. Guillermo G Martinez-Torres MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 2323 N Lake Dr		Transaction ID : SA11AI.53249
City Milwaukee	State WI	Zip Code 53211-4508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Columbia St Marys Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jonathan Louis Myles MD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015
Mailing Address Dept of Anat Path L25 9500 Euclid Ave		Transaction ID : SA11AI.53300
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cleveland Clinic Foundation	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. John Nachazel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Lachman Ln
 City Pacific Palisades State CA Zip Code 90272-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dignity Health-California Hospital Med Occupation 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
 10 / 07 / 2015
Transaction ID : SA11AI.53235
 Amount of Each Receipt this Period
 250.00

B. Dr. Meenakshi Arvind Nandedkar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3302 Enterprise Rd
 City Mitchellville State MD Zip Code 20721-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Diagnostic Pathology Services PC 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
 10 / 15 / 2015
Transaction ID : SA11AI.53245
 Amount of Each Receipt this Period
 250.00

c. Dr. Matthew Ray Plymyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Devonhall Ln
 City Cary State NC Zip Code 27518-2658
 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 / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.53305
 Amount of Each Receipt this Period
 1000.00

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 14 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Michael H Reilly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 Cheel 1st Flr
 City State Zip Code
 Ridgewood NJ 07450-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Hosp 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
 10 / 27 / 2015
Transaction ID : SA11AI.53346
 Amount of Each Receipt this Period
 250.00

B. Dr Howard L Siegel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 6701 N Charles St
 City State Zip Code
 Baltimore MD 21204-6808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greater Baltimore 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
 10 / 01 / 2015
Transaction ID : SA11AI.53230
 Amount of Each Receipt this Period
 500.00

C. Dr. Anthony John Simonetti MD,MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address Main Lab
 9500 Euclid Ave Rm L11
 City State Zip Code
 Cleveland OH 44195-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic 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
 10 / 21 / 2015
Transaction ID : SA11AI.53315
 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 15 OF 23
	(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

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

A. Dr. Ross W Simpson MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path-Meadowbrook W101
6500 Excelsior Blvd

City St Louis Park State MN Zip Code 55426

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

Name of Employer Park Nicollet Methodist Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 21 / 2015
Transaction ID : SA11AI.53316

Amount of Each Receipt this Period
1000.00

B. Dr. John W Skinner MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
300 Main St

City Lewiston State ME Zip Code 04240-7027

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

Name of Employer Central Maine Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
10 / 18 / 2015
Transaction ID : SA11AI.53248

Amount of Each Receipt this Period
251.00

C. Dr. Charles Edward Slonaker III MD

Full Name (Last, First, Middle Initial)
Mailing Address 24410 Oaklawn Plantation Rd

City Pass Christian State MS Zip Code 39571-8969

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

Name of Employer Mem Hosp at Gulfport Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 28 / 2015
Transaction ID : SA11AI.53354

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2251.00
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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Prudence V Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address HCC Path Service
 12902 Magnolia Dr
 City Tampa State FL Zip Code 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H Lee Moffitt Cancer Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.53318
 Amount of Each Receipt this Period
300.00

B. Dr Leslie L Walters MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5604 Banister Ct
 City Plano State TX Zip Code 75093-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical City Dallas Hospital Occupation 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
 10 / 21 / 2015
Transaction ID : SA11AI.53323
 Amount of Each Receipt this Period
500.00

C. Dr. Nancy A Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path and Lab Med
 5501 Old York Rd
 City Philadelphia State PA Zip Code 19141-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albert Einstein Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11AI.53326
 Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	13156.00

**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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SB21B.53363

Amount of Each Disbursement this Period

41.90

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 M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SB21B.53364

Amount of Each Disbursement this Period

70.50

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

112.40

112.40

**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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS

Mailing Address P.O. BOX 606

City State Zip Code
TARPON SPRINGS FL 24688

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SB23.53212

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR RUSH

Mailing Address P.O. BOX 7292

City State Zip Code
Chicago IL 60680

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SB23.53210

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRBACHER

Mailing Address 170E 17TH STREET
#110

City State Zip Code
COSTA MESA CA 92627

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 48

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SB23.53213

Amount of Each Disbursement this Period

500.00

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

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

0.00

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**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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SB23.53211

Amount of Each Disbursement this Period

-2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM MCDERMOTT

Mailing Address 528 F STREET TERRACE

City State Zip Code
Seattle WA 98111

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SB23.53216

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE
SUITE 1001

City State Zip Code
NEW YORK NY 10016

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SB23.53217

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)..... ▶

1500.00

**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

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

Full Name (Last, First, Middle Initial)

A. GRASSLEY COMMITTEE

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IA District: 00

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB23.53209

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 184

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB23.53218

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB23.53219

Amount of Each Disbursement this Period

1000.00

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

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

1500.00

**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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City **BETHESDA** State **MD** Zip Code **20824**

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB23.53205

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. MARKEY SENATE VICTORY

Mailing Address 120 MARYLAND AVENUE NE

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 00

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB23.53208

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. MENENDEZ FOR SENATE

Mailing Address PO BOX 32248

City **NEWARK** State **NJ** Zip Code **07102**

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Other**

State: NJ District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB23.53204

Amount of Each Disbursement this Period

-2500.00

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

-8500.00

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB23.53221

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : SB23.53222

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

Office Sought: House Senate President
State: FL District: 13

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB23.53206

Amount of Each Disbursement this Period

-500.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement
CHECK NEVER CASHED

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SB23.53207

Amount of Each Disbursement this Period

-500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

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 Y Y

Amount of Each Disbursement this Period

Category/
Type

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

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

-500.00

-3000.00