

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 01 2015 through 02 28 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer John Michael Misialek Dr.

Signature of Treasurer John Michael Misialek Dr. [Electronically Filed] Date 03 17 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		405859.24
(b) Cash on Hand at Beginning of Reporting Period.....	435234.34	
(c) Total Receipts (from Line 19)	61286.00	90773.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	496520.34	496632.24
7. Total Disbursements (from Line 31).....	7087.40	7199.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	489432.94	489432.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 02 / 01 / 2015 To: 02 / 28 / 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).....	51925.00	78625.00
(ii) Unitemized	9361.00	12148.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	61286.00	90773.00
(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)	61286.00	90773.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	61286.00	90773.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	61286.00	90773.00

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	87.40	199.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87.40	199.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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)) ..	7087.40	7199.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7087.40	7199.30

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)	61286.00	90773.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61286.00	90773.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	87.40	199.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	87.40	199.30

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

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

FOR LINE NUMBER: PAGE 6 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr. Jared Abbott MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 41st St
 City State Zip Code
 West Des Moines IA 50265-3874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Laboratory PC Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : SA11AI.52392
 Amount of Each Receipt this Period
 650.00

B. Dr. Kenneth M Algino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3610 Colonial Green Cir SW
 City State Zip Code
 Roanoke VA 24018-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carilion Labs, LLC 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
 02 / 23 / 2015
Transaction ID : SA11AI.52524
 Amount of Each Receipt this Period
 250.00

C. Dr. Imad Y. Almanaseer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1775 Dempster St
 City State Zip Code
 Park Ridge IL 60068-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advocate Lutheran General Hospital 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
 02 / 04 / 2015
Transaction ID : SA11AI.52387
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<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. Victor M. Alvarez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 S 14th Ave Unit 17
 City Yuma State AZ Zip Code 85364-6286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yuma Reg Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 26 / 2015**
Transaction ID : SA11AI.52588
 Amount of Each Receipt this Period **1000.00**

B. Dr. Richard R. Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology 801 S Washington St
 City Naperville State IL Zip Code 60540-7430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edward Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 09 / 2015**
Transaction ID : SA11AI.52435
 Amount of Each Receipt this Period **1000.00**

C. Dr. Margaret A. Batt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9352 Park West Blvd
 City Knoxville State TN Zip Code 37923-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkwest Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 09 / 2015**
Transaction ID : SA11AI.52433
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John W Bishop MD		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 Transaction ID : SA11AI.52497
Mailing Address UC Davis Medical Center Dept of Medical Pathology		Amount of Each Receipt this Period 500.00
City Sacramento	State Zip Code CA 95817	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer UC Davis Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eleni P. Boursos MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 Transaction ID : SA11AI.52418
Mailing Address 5101 Willow Springs Rd		Amount of Each Receipt this Period 250.00
City La Grange	State Zip Code IL 60525-2600	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer LaGrange Memorial Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Arthur W. Bracey MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 Transaction ID : SA11AI.52555
Mailing Address Department of Pathology-P125E 6720 Bertner St		Amount of Each Receipt this Period 500.00
City Houston	State Zip Code TX 77030-2604	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer CHI St. Luke's Health BCM Medical Cent	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 9 OF 36
(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. L Curtis Buchholz Dr.
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : SA11AI.52496
 Amount of Each Receipt this Period
 500.00

B. Dr. Jeffrey D Cao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path AH 301
 11021 Campus St
 City Loma Linda State CA Zip Code 92350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda Univ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2015
Transaction ID : SA11AI.52426
 Amount of Each Receipt this Period
 500.00

C. Marcella Diana Cardona Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1144 Pebble Creek Xing
 City Durham State NC Zip Code 27713-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2015
Transaction ID : SA11AI.52415
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 10 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Alan W. Cashell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Westridge Dr
 City Elkins State WV Zip Code 26241-9501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Davis Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 09 / 2015**
Transaction ID : SA11AI.52413
 Amount of Each Receipt this Period **250.00**

B. Dr. William J Colburn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21114 Vanowen St
 City Canoga Park State CA Zip Code 91303-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interscope Pathology Med Grp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 23 / 2015**
Transaction ID : SA11AI.52541
 Amount of Each Receipt this Period **250.00**

C. Dr. Timothy J Collins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N Peachtree Ave
 City Cookeville State TN Zip Code 38501-2546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cookeville Pathology Laboratory Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 23 / 2015**
Transaction ID : SA11AI.52540
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **800.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
<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. Earle S Collum MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 Transaction ID : SA11AI.52518
Mailing Address PMB 664 10645 W Tatum Blvd Ste C200		Amount of Each Receipt this Period 1000.00
City Phoenix	State AZ	
Zip Code 85028		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Pathology Associates LTD	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr James P Craig MD		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 Transaction ID : SA11AI.52548
Mailing Address Lab Path 900 E Oak Hill Ave		Amount of Each Receipt this Period 250.00
City Knoxville	State TN	
Zip Code 37917-4505		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Innovative Pathology Services	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) c. Dr. Thomas S Denapoli MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2015 Transaction ID : SA11AI.52439
Mailing Address Department of Pathology 333 N Santa Rosa St		Amount of Each Receipt this Period 500.00
City San Antonio	State TX	
Zip Code 78207-3108		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Hospital of San Antonio	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Patricia A Devine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 F Main St # 393
 City Stoneham State MA Zip Code 02180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lowell General Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2015
Transaction ID : SA11AI.52612
 Amount of Each Receipt this Period 500.00

B. Dr Paul S Dickman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path /Lab 1919 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phoenix Children's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2015
Transaction ID : SA11AI.52499
 Amount of Each Receipt this Period 250.00

C. Dr. Virginia Marilyn Donovan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Pine Dr N
 City Roslyn State NY Zip Code 11576-2037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winthrop Univ Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2015
Transaction ID : SA11AI.52503
 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: (check only one)	PAGE 13 OF 36
	<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. Janet R Durham MD

Full Name (Last, First, Middle Initial)
Mailing Address Great Lakes Pathologists SC
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 Occupation
Aurora Health ACL Labs Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2015
Transaction ID : SA11AI.52488

Amount of Each Receipt this Period
1000.00

B. Dr. Paul F Edmonson MD,PhD

Full Name (Last, First, Middle Initial)
Mailing Address Pathology A-220
1550 N 115th St

City Seattle State WA Zip Code 98133-9018

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

Name of Employer Occupation
Northwest Hosp Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2015
Transaction ID : SA11AI.52402

Amount of Each Receipt this Period
1000.00

c. Dr. Joseph Michael Foley MD

Full Name (Last, First, Middle Initial)
Mailing Address 2252 E Minton St

City Mesa State AZ Zip Code 85213-1400

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

Name of Employer Occupation
Banner Baywood Medical Center Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2015
Transaction ID : SA11AI.52396

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 36
	<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. Kathryn Foucar MD
Full Name (Last, First, Middle Initial)

Mailing Address Hematopathology
1001 Woodward PI NE

City Albuquerque State NM Zip Code 87102-2705

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

Name of Employer Tricore Reference Laboratories Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2015
Transaction ID : SA11AI.52602

Amount of Each Receipt this Period 250.00

B. Dr. Robert M. Futoran MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2130

City Clovis State CA Zip Code 93613-2130

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2015
Transaction ID : SA11AI.52537

Amount of Each Receipt this Period 250.00

C. Dr. Michael A Gistrak MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
865 Stone St

City Rahway State NJ Zip Code 07065-2742

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

Name of Employer R Wood Johnson Univ Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 27 / 2015
Transaction ID : SA11AI.52609

Amount of Each Receipt this Period 1500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
	<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

A. Dr. Steven P Goetz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1000 4th St SW
 City State Zip Code
 Mason City IA 50401-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Med Ctr-North Iowa 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
 02 / 04 / 2015
Transaction ID : SA11AI.52405
 Amount of Each Receipt this Period
 500.00

B. Phillip Haberman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7002 North Milliron Road
 City State Zip Code
 Cheyenne WY 82009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anapath Diagnostics 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
 02 / 23 / 2015
Transaction ID : SA11AI.52534
 Amount of Each Receipt this Period
 500.00

C. Dr. Troy A. Hampton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 SW 117th St
 City State Zip Code
 Gainesville FL 32607-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Florida Reg Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : SA11AI.52378
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 36
	<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. Thomas E. Higgins MD		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 Transaction ID : SA11AI.52485
Mailing Address Department of Pathology 400 E Main St		Amount of Each Receipt this Period 250.00
City Mount Kisco	State Zip Code NY 10549-3417	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Northern Westchester Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce Wayne Hughes MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 Transaction ID : SA11AI.52513
Mailing Address 2913 S 800 W		Amount of Each Receipt this Period 500.00
City Russiaville	State Zip Code IN 46979-9719	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Mid America Clinical Laboratories	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Dr. Ming Jiang MD,PhD		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 Transaction ID : SA11AI.52552
Mailing Address 25 Melville Ln		Amount of Each Receipt this Period 250.00
City Great Neck	State Zip Code NY 11023-1819	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Brookdale University Hospital & Med Ct	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<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. Randal Carl Juengel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept Of Pathology
 4401 S Western Ave
 City Oklahoma City State OK Zip Code 73109-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integris Southwest Medical Center 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
02 / 04 / 2015
Transaction ID : SA11AI.52404
 Amount of Each Receipt this Period
250.00

B. Dr. Craig M Jurasinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address II Stone Harbor Blvd
 City Cape May Court House State NJ Zip Code 08210-2138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Regional Medical Center 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
02 / 23 / 2015
Transaction ID : SA11AI.52517
 Amount of Each Receipt this Period
250.00

C. Dr. Oliver S Kim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 450 West Hwy 22
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Good Shepherd Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2015
Transaction ID : SA11AI.52401
 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 18 OF 36
	<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. Philip E. LeBoit MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2015 Transaction ID : SA11AI.52533
Mailing Address Dermatopathology Rm 499 1701 Divisadero St		Amount of Each Receipt this Period 2500.00
City San Francisco	State CA Zip Code 94115-3011	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Univ of California San Francisco	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Patrick A Leoni MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 Transaction ID : SA11AI.52582
Mailing Address 1437 Denmark St		Amount of Each Receipt this Period 250.00
City Sonoma	State CA Zip Code 95476-9607	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Sutter Solano Laboratory	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard Montefiore Levenson MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 Transaction ID : SA11AI.52584
Mailing Address Dept of Path & Lab Med 4400 V Street		Amount of Each Receipt this Period 250.00
City Sacramento	State CA Zip Code 95817-1445	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer UC Davis Health System	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 36
	<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. Glenn H Littell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2975 Sycamore Dr
 City State Zip Code
 Simi Valley CA 93065-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Simi Valley Hospital & Health Care Ser 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
 02 / 04 / 2015
Transaction ID : SA11AI.52385
 Amount of Each Receipt this Period
 250.00

B. Dr. Fangluo Liu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 34th St
 City State Zip Code
 Bakersfield CA 93301-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bakersfield Memorial Hosp Lab Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : SA11AI.52594
 Amount of Each Receipt this Period
 400.00

C. Dr. Lesley C Lomo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address UNM Health Sciences Center
 Dept of Path Msc08 4640
 City State Zip Code
 Albuquerque NM 87131-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TriCore Reference Laboratories 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
 02 / 23 / 2015
Transaction ID : SA11AI.52527
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<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. Lincoln Luk Jr MD
Full Name (Last, First, Middle Initial)
Mailing Address 1086 Snyder Ln
City Monterey Park State CA Zip Code 91754-4760
FEC ID number of contributing federal political committee. **C**
Name of Employer Centinela Hosp Med Health Center Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 02 / 25 / 2015
Transaction ID : SA11AI.52550
Amount of Each Receipt this Period 300.00

B. Dr. Alvin W. Martin MD
Full Name (Last, First, Middle Initial)
Mailing Address Cpa Laboratory 2307 Greene Way
City Louisville State KY Zip Code 40220-4009
FEC ID number of contributing federal political committee. **C**
Name of Employer Norton Healthcare Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 09 / 2015
Transaction ID : SA11AI.52414
Amount of Each Receipt this Period 1000.00

C. Dr Larry W Massie MD
Full Name (Last, First, Middle Initial)
Mailing Address 1501 San Pedro SE
City Albuquerque State NM Zip Code 87108
FEC ID number of contributing federal political committee. **C**
Name of Employer New Mexico VA Health Care Sys Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 23 / 2015
Transaction ID : SA11AI.52525
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... **1800.00**
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 21 OF 36
	<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

A. Dr. Tiffani Lynn Milless MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Pleasant St Ste L13
 City State Zip Code
 Des Moines IA 50309-1414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Iowa Pathology Associates 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
 02 / 26 / 2015
Transaction ID : SA11AI.52587
 Amount of Each Receipt this Period
 250.00

B. Dr. Michael J. Mitchell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 89 Puritan Rd
 City State Zip Code
 Waban MA 02468-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMass Mem Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : SA11AI.52473
 Amount of Each Receipt this Period
 225.00

c. Dr. Robert Joseph Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1726 Shawano Ave
 City State Zip Code
 Green Bay WI 54303-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Mary's Hospital Medical Center Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : SA11AI.52482
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Marwan Aziz Nasir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9800 Pagewood Ln Apt 2705
 City Houston State TX Zip Code 77042-5531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tejas Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 23 / 2015**
Transaction ID : SA11AI.52529
 Amount of Each Receipt this Period **1000.00**

B. Dr. John G Newby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 11110 Medical Campus Rd Ste 230
 City Hagerstown State MD Zip Code 21742-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Meritus Health Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 09 / 2015**
Transaction ID : SA11AI.52428
 Amount of Each Receipt this Period **1000.00**

C. Dr. Anthony D Nicastrì MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 450 Clarkson Ave # 37
 City Brooklyn State NY Zip Code 11203-2056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY HSC-Univ Hosp of Brooklyn Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 17 / 2015**
Transaction ID : SA11AI.52495
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
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 23 OF 36
	<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. Felix Ademola Olobatuyi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department Of Pathology
 2401 S 31st St MS-01-266
 City State Zip Code
 Temple TX 76508-0001
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : SA11AI.52384
 Amount of Each Receipt this Period
 500.00

B. Dr. Nestor A. Pamatmat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 N Seminary St
 City State Zip Code
 Galesburg IL 61401-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSF St. Mary 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
 02 / 27 / 2015
Transaction ID : SA11AI.52610
 Amount of Each Receipt this Period
 500.00

C. Dr. Fred Leon Picklesimer Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 290 Big Run Rd
 City State Zip Code
 Lexington KY 40503-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 P & C Labs, LLC 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
 02 / 23 / 2015
Transaction ID : SA11AI.52520
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 24 OF 36
	<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. Marguerite M Pinto MD

Full Name (Last, First, Middle Initial)
Mailing Address 4 Bayberry Common

City Westport State CT Zip Code 06880

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

Name of Employer Bridgeport Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.52605

Amount of Each Receipt this Period
500.00

B. Dr. Julie A Plumbley MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
70 Med Ctr Cir Ste 309

City Fishersville State VA Zip Code 22939-2273

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

Name of Employer Blue Ridge Pathologists PC 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
02 / 10 / 2015

Transaction ID : SA11AI.52448

Amount of Each Receipt this Period
500.00

C. Dr. Blair C Presti MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
1008 Minnequa Ave

City Pueblo State CO Zip Code 81004-3733

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

Name of Employer St Mary-Corwin Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.52590

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 25 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Shrin Rajagopalan MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 3000 New Bern Ave
 City Raleigh State NC Zip Code 27610-1231
 Name of Employer Wakemed Health And Hospitals Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 17 / 2015
Transaction ID : SA11AI.52502
 Amount of Each Receipt this Period 1000.00

B. Dr. Arundhati Rao MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology MS01-266
 2401 S 31st St
 City Temple State TX Zip Code 76508-0002
 Name of Employer Scott & White Healthcare Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2015
Transaction ID : SA11AI.52511
 Amount of Each Receipt this Period 250.00

C. Dr. Karen Y. Reeves MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4206 Golf Point Ct
 City Tampa State FL Zip Code 33618-8622
 Name of Employer Tampa Gen Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2015
Transaction ID : SA11AI.52573
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 36
	<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. James Edward Richard DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2508 S Cedar St
 City Lansing State MI Zip Code 48910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAP Lab-PLC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2015
Transaction ID : SA11AI.52412
 Amount of Each Receipt this Period
 750.00

B. Dr. Mazhar Rishi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 N Clayton St
 City Wilmington State DE Zip Code 19805-3165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Francis Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : SA11AI.52607
 Amount of Each Receipt this Period
 300.00

c. Dr. Ahren C Rittershaus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 New Bern Ave
 City Raleigh State NC Zip Code 27610-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2015
Transaction ID : SA11AI.52507
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2050.00
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 27 OF 36
	<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

Full Name (Last, First, Middle Initial) A. Dr. Charles F Romberger MD		Date of Receipt
Mailing Address Dept of Lab 555 N Duke St		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Lancaster	State PA	Zip Code 17602-2250
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52545
Name of Employer Lancaster General Hospital	Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Frank R Rudy MD		Date of Receipt
Mailing Address 141 Fineview Rd		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Camp Hill	State PA	Zip Code 17011-8447
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52419
Name of Employer Pinnacle Health Hospitals	Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Susan W Rusch MD		Date of Receipt
Mailing Address WFHC 5000 W Chambers St		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Milwaukee	State WI	Zip Code 53210-1650
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52438
Name of Employer St Josephs Hosp	Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 28 OF 36
	<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. Assad J Saad MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
1411 N Beckley Ave Ste 174

City Dallas State TX Zip Code 75203

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

Name of Employer Prism Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
02 / 11 / 2015
Transaction ID : SA11AI.52459

Amount of Each Receipt this Period
2500.00

B. Dr. George D Schaefer MD
Full Name (Last, First, Middle Initial)

Mailing Address Path
300 Pinellas St

City Clearwater State FL Zip Code 33756-3804

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

Name of Employer Morton Plant Hospital / Morton Plant M Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
02 / 26 / 2015
Transaction ID : SA11AI.52561

Amount of Each Receipt this Period
1500.00

C. Dr. Jared N Schwartz MD,PhD
Full Name (Last, First, Middle Initial)

Mailing Address 3429 Wynnington Dr

City Charlotte State NC Zip Code 28226-1110

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

Name of Employer Novant Health Presbyterian Medical Cen Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : SA11AI.52600

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 29 OF 36
	<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 R Schwartz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 MS 205
 City Houston State TX Zip Code 77030-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Methodist Hospital 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
02 / 04 / 2015
Transaction ID : SA11AI.52398
 Amount of Each Receipt this Period
1000.00

B. Dr. Jagmohan S Sidhu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 290 Foster Rd
 City Vestal State NY Zip Code 13850-5414
 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2015
Transaction ID : SA11AI.52565
 Amount of Each Receipt this Period
500.00

C. Dr. John W Skinner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Woodlands Dr
 City Falmouth State ME Zip Code 04105-1191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2015
Transaction ID : SA11AI.52498
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 36
	<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

Full Name (Last, First, Middle Initial) A. Dr. V. O. Speights Jr DO		Date of Receipt
Mailing Address Dept of Path MS-01-266 2401 S 31st St		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Temple	TX	76508-0001
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52486
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Scott and White Memorial Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Shantha Sreekanth MD		Date of Receipt
Mailing Address 17800 Kedzie Ave		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Hazel Crest	IL	60429-2029
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52616
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Advocate South Suburban Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Lamar Stavinoha Jr MD		Date of Receipt
Mailing Address 7600 Beechnut St 2nd Fl Lab		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	TX	77074-4302
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52567
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Memorial Hermann Southwest Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 31 OF 36
	<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. Paul Edward Steele MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path & Lab Med MLC 1010
 3333 Burnet Ave
 City Cincinnati State OH Zip Code 45229-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cincinnati Childrens Hosp Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : SA11AI.52451
 Amount of Each Receipt this Period **300.00**

B. Dr. Robert C Stern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Laboratory
 St Davids Georgetown Hospital
 City Georgetown State TX Zip Code 78626-7726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Davids Georgetown Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 11 / 2015**
Transaction ID : SA11AI.52483
 Amount of Each Receipt this Period **500.00**

C. Dr Brian K Stewart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 NE Cushing Dr Ste 200
 City Bend State OR Zip Code 97701-3876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Oregon Path Cnslt PC Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : SA11AI.52591
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
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 32 OF 36
	<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 Norman H Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 3260 Hospital Dr
 City Juneau State AK Zip Code 99801-7808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bartlett Reg Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 02 / 25 / 2015
Transaction ID : SA11AI.52553
 Amount of Each Receipt this Period
500.00

B. Dr. Steven L Tracy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab
 2525 Court Dr
 City Gastonia State NC Zip Code 28054-2140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gaston Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 02 / 11 / 2015
Transaction ID : SA11AI.52484
 Amount of Each Receipt this Period
250.00

C. Dr. Devendra V Trivedi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Peoria-Tazewell Path Group
 221 NE Glen Oak Ave
 City Peoria State IL Zip Code 61636-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Medical Center of Illinois Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 02 / 26 / 2015
Transaction ID : SA11AI.52559
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 36
	<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

A. Dr. Melvin J. Van Boven DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 S Jackson Ave Ste 305
 City State Zip Code
 Tulsa OK 74127-9057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSU Medical Center 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
 02 / 04 / 2015
Transaction ID : SA11AI.52399
 Amount of Each Receipt this Period
 1000.00

B. Dr. Emily Ellen Volk MD,MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 Lamont Ave
 City State Zip Code
 San Antonio TX 78209-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baptist Medical Center 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
 02 / 07 / 2015
Transaction ID : SA11AI.52411
 Amount of Each Receipt this Period
 500.00

C. Dr. Thomas M Wheeler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path & Immunology
 1 Baylor Plz Rm T-203
 City State Zip Code
 Houston TX 77030-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baylor College of Medicine 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
 02 / 10 / 2015
Transaction ID : SA11AI.52455
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 34 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Sherry L Woodhouse MD		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 Transaction ID : SA11AI.52504
Mailing Address PO Box 821440		Amount of Each Receipt this Period 1000.00
City Pembroke Pines	State FL	Zip Code 33082-1440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Consultants of S Broward	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John Andrew Wright MD		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 Transaction ID : SA11AI.52468
Mailing Address 1001 S George St		Amount of Each Receipt this Period 300.00
City York	State PA	Zip Code 17403-3676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer York Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Louis D Wright Jr MD		Date of Receipt MM / DD / YYYY 02 / 11 / 2015 Transaction ID : SA11AI.52471
Mailing Address PO Box 998		Amount of Each Receipt this Period 1000.00
City Charleston	State SC	Zip Code 29402-0998
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Path Svcs Assoc LLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	51925.00

**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. 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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

Transaction ID : SB23.52619

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST STREET, SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

Transaction ID : SB23.52620

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MIKE KELLY FOR CONGRESS

Mailing Address PO BOX 476

City State Zip Code
LYNDORA PA 16045

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

Transaction ID : SB23.52621

Amount of Each Disbursement this Period

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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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

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2015

Transaction ID : SB23.52623

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2015

Transaction ID : SB23.52624

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2015

Transaction ID : SB23.52625

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

7000.00
