

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

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 / 15 / 2016

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="2016"/>	<input type="text" value="486810.44"/>	<input type="text" value="486810.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="511439.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="52441.00"/>	<input type="text" value="77684.00"/>
(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="563880.04"/>	<input type="text" value="564494.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33025.90"/>	<input type="text" value="33640.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="530854.14"/>	<input type="text" value="530854.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	46100.00	67450.00
(ii) Unitemized .....	6341.00	10234.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52441.00	77684.00
(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) .....	52441.00	77684.00
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))..... ▶	52441.00	77684.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52441.00	77684.00

**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 .....	125.90	240.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	125.90	240.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32900.00	32900.00
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	500.00
(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	500.00
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)) ..	33025.90	33640.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33025.90	33640.30

**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) .....	52441.00	77684.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52441.00	77184.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	125.90	240.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	125.90	240.30

**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. Randa Alsabeh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4867 Sunset Blvd  
 City Los Angeles State CA Zip Code 90027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : SA11AI.53849**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 / 19 / 2016  
**Transaction ID : SA11AI.53820**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Dr. Janis M Atkinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 355 Ridge Ave  
 City Evanston State IL Zip Code 60202-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presence St Francis Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : SA11AI.53837**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**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 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. Karl Joseph Blessinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 172 4th St SE  
 City Huron State SD Zip Code 57350-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Huron Regional Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : SA11AI.53795**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Dr. David L. Booker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 2260 Wrightsboro Rd  
 City Augusta State GA Zip Code 30904-4764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Augusta Hosp LLC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 18 / 2016**  
**Transaction ID : SA11AI.53760**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dr. Eleni P. Boutsos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 Willow Springs Rd  
 City La Grange State IL Zip Code 60525-2600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LaGrange Memorial Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 24 / 2016**  
**Transaction ID : SA11AI.53862**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

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

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

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

<input type="checkbox"/> 12	<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. Donn R Burns MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1 Medical Village Dr  
 City Edgewood State KY Zip Code 41017-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Elizabeth 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 / 19 / 2016  
**Transaction ID : SA11AI.53780**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Jeffrey D Cao MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11234 Anderson St # 1735  
 City Loma Linda State CA Zip Code 92354-2804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loma Linda University Medical Center 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 / 19 / 2016  
**Transaction ID : SA11AI.53787**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dr. Diana Marcella Cardona MD**  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : SA11AI.53724**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1650.00
<b>TOTAL</b> 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. Dr. Sidney Ethan Carpenter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path Yosemite 1 Lab  
 7300 N Fresno St  
 City State Zip Code  
 Fresno CA 93720-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kaiser Permanente Med Ctr Fresno 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 / 22 / 2016  
**Transaction ID : SA11AI.53851**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Deborah Riley Citron MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab/Pathology  
 1504 Taub Loop  
 City State Zip Code  
 Houston TX 77030-1608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ben Taub Gen 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 / 22 / 2016  
**Transaction ID : SA11AI.53830**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**c. Dr James P Craig 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  
 Innovative Pathology Services 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 / 22 / 2016  
**Transaction ID : SA11AI.53831**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**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 10 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. David H Cresson Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1914 Thomson Dr  
 City Lynchburg State VA Zip Code 24501-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Virginia Baptist Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2016  
**Transaction ID : SA11AI.53829**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Russell E Dodds MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 E Calhoun St  
 City Anderson State SC Zip Code 29621-5803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piedmont Pathology Associates 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 / 24 / 2016  
**Transaction ID : SA11AI.53867**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Anthony M. Dombrowski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Section of Path  
 500 Remington Blvd  
 City Bolingbrook State IL Zip Code 60440-4906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adventist Bolingbrook 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 / 19 / 2016  
**Transaction ID : SA11AI.53772**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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"/> 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. Jane Katherine Dry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9103 Jefferson HWY  
 City Baton Rouge State LA Zip Code 70809-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gastroenterology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2016**  
**Transaction ID : SA11AI.53835**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. 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 Aurora Health ACL Labs Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **02 / 22 / 2016**  
**Transaction ID : SA11AI.53836**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item

**C. Dr. James N Elliott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 8118 Good Luck Rd  
 City Lanham State MD Zip Code 20706-3574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctors Community Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 11 / 2016**  
**Transaction ID : SA11AI.53751**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 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. 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 Banner Baywood Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : SA11AI.53839**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dr. Kathryn Foucar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hematopathology 1001 Woodward Pl NE  
 City Albuquerque State NM Zip Code 87102-2705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tricare Reference Laboratories Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : SA11AI.53796**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Stephen A Gill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25530 Painted Rock  
 City San Antonio State TX Zip Code 78255-9543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : SA11AI.53853**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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. Michael A Gistrak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 865 Stone St  
 City State Zip Code  
 Rahway NJ 07065-2742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 R Wood Johnson Univ Hosp Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2016  
**Transaction ID : SA11AI.53845**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Dr. Richard D Griswold MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1760 Woodside Cir  
 City State Zip Code  
 Tupelo MS 38801-7927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North Mississippi 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 / 22 / 2016  
**Transaction ID : SA11AI.53850**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Phillip J Haberman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 House Ave Ste 108  
 City State Zip Code  
 Cheyenne WY 82001-3177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AnaPath Diagnostics, Inc 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 / 03 / 2016  
**Transaction ID : SA11AI.53738**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 OF 36  
(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**

**A. Dr. Clarke T Harding III MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Sierra Path Lab Inc  
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 1000.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : SA11AI.53873**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Robert J. Hubbard MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Dept. of Laboratory Service  
1805 Medical Center Dr  
City San Bernardino State CA Zip Code 92411-1217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer San Bernardino Community Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : SA11AI.53747**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Robert J. Hubbard MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Dept. of Laboratory Service  
1805 Medical Center Dr  
City San Bernardino State CA Zip Code 92411-1217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer San Bernardino Community Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : SA11AI.53866**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**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 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. David J. Huddleston MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11250 Country Garden LN  
 City Maroa State IL Zip Code 61756-9303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : SA11AI.53874**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Herman S Hurwitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 Annapolis Ln.  
 City Cherry Hill State NJ Zip Code 08003-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : SA11AI.53756**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. William Emmett Jefferson III MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Elm Ave SE  
 City Roanoke State VA Zip Code 24013-2222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Roanoke Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : SA11AI.53822**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 16 OF 36  
(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**

**A. Dr. Bharati Suketu Jhaveri MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1312 Woods Farm Ln  
City Springfield State IL Zip Code 62704-6545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St John's Hospital Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : SA11AI.53774**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Dennis Kasimian MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15107 Vanowen St  
City Van Nuys State CA Zip Code 91405-4542  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Valley Presbyterian Hospital Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : SA11AI.53778**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Dr. Lawrence Konick MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1590 Standish Ct SE  
City Salem State OR Zip Code 97302-6403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pacific Pathology Associates Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2016  
**Transaction ID : SA11AI.53749**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**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 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. Philip E. LeBoit MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dermatopathology Rm 499  
 1701 Divisadero St  
 City San Francisco State CA Zip Code 94115-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of California San Francisco Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : SA11AI.53811**  
 Amount of Each Receipt this Period **2500.00**  
 Memo Item

**B. Dr. Christopher J Leigh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mercy Medical Center  
 250 Mercy Dr  
 City Dubuque State IA Zip Code 52001-7320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Clinical Laboratories Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 02 / 2016**  
**Transaction ID : SA11AI.53734**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dr. Fangluo Liu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 34th St  
 City Bakersfield State CA Zip Code 93301-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bakersfield Memorial Hosp Lab Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : SA11AI.53782**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> 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 18 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. Dr. Ji Lu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2410 Cutting St  
 City Walnut Creek West State CA Zip Code 94596-6506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente 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  
 02 / 18 / 2016  
**Transaction ID : SA11AI.53764**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2016  
**Transaction ID : SA11AI.53746**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**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  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : SA11AI.53800**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**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 19 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) <b>A. Dr. John E Mcdonald MD</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2016 <b>Transaction ID : SA11AI.53740</b>
Mailing Address Dept of Path 4401 Booth Calloway Rd		Amount of Each Receipt this Period 500.00
City North Richland Hills	State TX	Zip Code 76180-7371
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer North Hills Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Douglas C. Miller MD,PhD</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2016 <b>Transaction ID : SA11AI.53882</b>
Mailing Address 1 Hospital Dr		Amount of Each Receipt this Period -100.00
City Columbia	State MO	Zip Code 65212-0001
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer University Hospital & Clinics	Occupation Pathologist	Correction Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -100.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. John C. Moad MD</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2016 <b>Transaction ID : SA11AI.53881</b>
Mailing Address 7835 Paragon Rd		Amount of Each Receipt this Period 1500.00
City Dayton	State OH	Zip Code 45459-4021
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Derm-Path Lab of Central States	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<b>TOTAL</b> 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. Julia E. Mooney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2036 Railroad Ave  
 City Redding State CA Zip Code 96001-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shasta Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : SA11AI.53840**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr. Ann T Moriarty MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 N Park Ave Apt 409  
 City Indianapolis State IN Zip Code 46202-3678  
 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 02 / 18 / 2016  
**Transaction ID : SA11AI.53759**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Dr. Karla K. Murphy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Plaza 3  
 1315 S Cliff Ave Ste 4100  
 City Sioux Falls State SD Zip Code 57105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physicians Laboratory Ltd Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : SA11AI.53729**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**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"/> 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. Patrick E O'Reilly Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 100 E Carroll St  
 City Salisbury State MD Zip Code 21801-5422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peninsula Reg Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : SA11AI.53810**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Erin J O'Sullivan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Suite 130 CSN MC 847  
 840 S Wood St  
 City Chicago State IL Zip Code 60612-4325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Illinois at Chicago Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2016  
**Transaction ID : SA11AI.53781**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**c. Dr. John Scott Oehrle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Carlisle St  
 City Natrona Heights State PA Zip Code 15065-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allegheny Valley Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : SA11AI.53863**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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	

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

**A. Dr. Scott P Otteson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 801 W Maple St  
 City Farmington State NM Zip Code 87401-5630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tres Rios Pathology PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 02 / 18 / 2016  
**Transaction ID : SA11AI.53767**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. C. Dean Pappas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lawrence Mem Hosp/Path Dept  
 170 Governors Ave  
 City Medford State MA Zip Code 02155-1643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hallmark Health Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt  
 02 / 19 / 2016  
**Transaction ID : SA11AI.53775**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dr. James Arthur Paulson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Anthwyn Rd  
 City Narberth State PA Zip Code 19072-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bryn Mawr Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt  
 02 / 18 / 2016  
**Transaction ID : SA11AI.53763**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**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 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. Luke A Perkocha MD,MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 West Portal Ave 442  
 City San Francisco State CA Zip Code 94127-1423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Foundation Hospital San Rafael Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : SA11AI.53865**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Christine F. Piller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Church St N  
 City Concord State NC Zip Code 28025-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CMC - Northest Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : SA11AI.53776**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Dr. Thomas G Puckett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 421 S 28th Ave Ste 310  
 City Hattiesburg State MS Zip Code 39401-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hattiesburg Clinic Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : SA11AI.53877**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**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 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. 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 ▼ 1000.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : SA11AI.53880**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. 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 / 19 / 2016  
**Transaction ID : SA11AI.53773**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. B. John Schweitzer Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology PO Box 70568  
 City Johnson City State TN Zip Code 37614-0568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Tennessee State Univ Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : SA11AI.53790**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3800.00
<b>TOTAL</b> 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

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

**A. Dr. Rama Shankar MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 E 1st St  
 City Dixon State IL Zip Code 61021-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Katherine Shea Bethea Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : SA11AI.53812**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Dr. Suash Sharma MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path BAE 2571C 1120 15th St  
 City Augusta State GA Zip Code 30912-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgia Regents University Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : SA11AI.53818**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**C. Dr. Daniel D Slagel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Associates 250 Mercy Dr G231  
 City Dubuque State IA Zip Code 52004-0731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Clinical Laboratories Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 24 / 2016**  
**Transaction ID : SA11AI.53860**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**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 26 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. Gregory P Smith MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
1200 E 3900 S

City State Zip Code  
Salt Lake City UT 84124-1300

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

Name of Employer Occupation  
St. Mark's 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  
 02 / 18 / 2016

**Transaction ID : SA11AI.53762**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Matthew James Snyder MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Pathology Dept  
3000 New Bern Ave

City State Zip Code  
Raleigh NC 27610-1231

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

Name of Employer Occupation  
Raleigh Pathology Lab Assoc PA 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 / 22 / 2016

**Transaction ID : SA11AI.53843**

Amount of Each Receipt this Period  
1000.00

Memo Item

**c. Dr. V. O. Speights Jr DO**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path MS-01-266  
2401 S 31st St

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 Hospital 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 / 2016

**Transaction ID : SA11AI.53750**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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**

**A. Dr. Robert C Stern MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ADC Laboratory  
 North Austin Medical Center, 4th f  
 City Austin State TX Zip Code 78758  
 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 **250.00**

Date of Receipt **02 / 21 / 2016**  
**Transaction ID : SA11AI.53825**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Dr. Jonathan Stuart Strauss MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4230 Burnham Ave Ste 165  
 City Las Vegas State NV Zip Code 89119-5408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Quest Diag Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 22 / 2016**  
**Transaction ID : SA11AI.53838**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dr. L Brent Talbott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3445 Executive Ctr Dr Ste 250  
 City Austin State TX Zip Code 78731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinical Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2016**  
**Transaction ID : SA11AI.53730**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> 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 28 OF 36
	(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. Lawrence Tsao MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Malcolm Ave

City Teterboro State NJ Zip Code 07608-1011

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

Name of Employer Quest Diagnostics Inc 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  
 02 / 22 / 2016  
**Transaction ID : SA11AI.53842**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B. Dr. John S Vanhose MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 830 W Bayou Pines Dr

City Lake Charles State LA Zip Code 70601-7077

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

Name of Employer Pathology Laboratory 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  
 02 / 19 / 2016  
**Transaction ID : SA11AI.53789**

Amount of Each Receipt this Period  
 300.00

Memo Item

**C. Dr. Keith E Volmar MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4420 Lake Boone Trail

City Raleigh State NC Zip Code 27607-7505

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

Name of Employer Rex Healthcare 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  
 02 / 08 / 2016  
**Transaction ID : SA11AI.53741**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> 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"/> 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. Timothy M Wallace MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ACL Lab  
 36500 Aurora Dr  
 City Oconomowoc State WI Zip Code 53066-4899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aurora Medical Center - Summit 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 / 19 / 2016  
**Transaction ID : SA11AI.53819**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. DR AMANDA E Wehler DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept MC 01-31  
 100 N Academy Ave  
 City Danville State PA Zip Code 17822-9800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Geisinger 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 / 02 / 2016  
**Transaction ID : SA11AI.53733**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**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 Houston State TX Zip Code 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 / 22 / 2016  
**Transaction ID : SA11AI.53854**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 30 OF 36
	(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. Monte S Willis MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept Path AND Lab Med  
 103 Mason Farm Rd, Campus Box 7525  
 City Chapel Hill State NC Zip Code 27599-7525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of North Carolina Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 22 / 2016**  
**Transaction ID : SA11AI.53847**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Dr. David Bradley Wilson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 2560 N Shadeland Ave Ste A  
 City Indianapolis State IN Zip Code 46219-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmeriPath Indiana / Indiana Surgery Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 18 / 2016**  
**Transaction ID : SA11AI.53761**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**c. Dr. Sherry L Woodhouse MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 821440  
 City Pembroke Pines State FL Zip Code 33082-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Consultants of S Broward Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2016**  
**Transaction ID : SA11AI.53870**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> 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 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. John Andrew Wright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 S George St  
 City York State PA Zip Code 17403-3676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer York Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 02 / 2016**  
**Transaction ID : SA11AI.53736**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Dr. Ming Zhou MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path Tch-461 560 1st Ave  
 City New York State NY Zip Code 10016-6402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : SA11AI.53807**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Dr. Michelle K Zimmerman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4141 Shore Dr  
 City Indianapolis State IN Zip Code 46254-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana University Health Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : SA11AI.53806**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>46100.00</b>

# 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 Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SB21B.53723

Amount of Each Disbursement this Period

84.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

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Memo Item

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

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

84.00
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84.00
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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. BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : SB23.53710**

Amount of Each Disbursement this Period

4900.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capital Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ OTHER

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : SB23.53711**

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ENGEL FOR CONGRESS**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : SB23.53712**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

13400.00

**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. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB23.53704**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB23.53705**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GEORGIANS FOR ISAKSON**

Mailing Address P.O. BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

**Transaction ID : SB23.53706**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

6000.00

**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)		PAGE 35 OF 36			
	<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**

**A. GREGG HARPER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement

Candidate Name

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

State: MS District: 03

Date of Disbursement: 02 / 01 / 2016

**Transaction ID : SB23.53707**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. KEVIN MCCARTHY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

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

State: CA District: 23

Date of Disbursement: 02 / 22 / 2016

**Transaction ID : SB23.53713**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼ OTHER

State: District:

Date of Disbursement: 02 / 22 / 2016

**Transaction ID : SB23.53714**

Amount of Each Disbursement this Period: 7500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ► 11000.00

**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. RYAN, PAUL D.**

Mailing Address PO BOX 771

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: WI District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) OTHER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2016

**Transaction ID : SB23.53718**

Amount of Each Disbursement this Period

2500.00
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Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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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Memo Item

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

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

2500.00
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32900.00
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