Image# 201804189110327776						PA	GE 1 / 25
FEC AN	PORT OF D DISBU Other Than An A	RSEN		s		Office Use Only	
1. NAME OF TYP COMMITTEE (in full)	e or print ▼		mple: If typi r the lines.	ng, type	12FE4M	5	
College of American Path	ologists Politica	al Action		<b>€</b> 			
ADDRESS (number and street)	001 G Street NW						
Check if different	uite 425 West						
than proviously	lashington					20001	-
2. FEC IDENTIFICATION NUMB	ER 🔻	CITY 🔺		S	STATE 🔺	ZIP CC	
C C00274944	3.	IS THIS REPORT	~	NEW (N) <b>OR</b>	AM (A)	ENDED	
(Choose One) (a) Quarterly Reports:	Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	ğ	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep :	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE-Election Report for the	) :	Primary (12F		General( Special(		Runoff (12R)
January 31 Year-End Report (YE)	Ele	ection on	M M /		Y Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the		General (300	G)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		ection on	M M /	D D /	Y Y Y Y Y	in the State o	of
5. Covering Period 03	01 / Y Y 01 201	Y Y 8	through	M M 03	/ D D / 31	Y Y Y Y 2018	
I certify that I have examined this Re K Type or Print Name of Treasurer	eport and to the best onnick, Eric, , Dr., MD		wledge and	belief it is true	e, correct and	complete.	
	ric, , Dr., MD,MS		[Electronical]	y Filed] Da	ate 04	/ D D / 18	2018
NOTE: Submission of false, erroneous,	or incomplete inform	ation may su	bject the per	son signing th	is Report to th	e penalties of 52	U.S.C. § 3010
Office Use Only						FEC FOR Rev. 05/2	

04/18/2018 09 : 30

X

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

#### College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	M / D D / Y Y Y Y 3 01 2018 To	: 03 / D D / Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		435671.14
	(b) Cash on Hand at Beginning of Reporting Period	468743.14	
	(c) Total Receipts (from Line 19)	26225.00	90171.00
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	494968.14	525842.14
7.	Total Disbursements (from Line 31)	29065.00	59939.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	465903.14	465903.14
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

Image#	2018041	8911	0327778
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#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	/ D1 / 2018	To: 03 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	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)	23750.00	83606.00
	(ii) Unitemized	2475.00	6565.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	26225.00	90171.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26225.00	90171.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(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))►	26225.00	90171.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	26225.00	90171.00

- 9

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4		
II. Disbursements	COLUMN A – Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date		
(i) Federal Share	. 0.00	0.00		
(ii) Non-Federal Share	. 0.00	0.00		
(b) Other Federal Operating Expenditures	. 65.00	189.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	.      65.00	189.00		
Transfers to Affiliated/Other Party Committees	. 0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	. 29000.00	59750.00		
Independent Expenditures (use Schedule E)		0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	. 0.00	0.00		
Loan Repayments Made	. 0.00	0.00		
Loans Made		0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees		0.00		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	4 4 4	0.00		
<ul><li>(such as PACs)</li><li>(d) Total Contribution Refunds</li></ul>	. 0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30 (a) Allocated Federal Election Activity (from Schedule H6)	101(20))			
(i) Federal Share	. 0.00	0.00		
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	. 0.00	0.00		
Entirely With Federal Funds	. 0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).		59939.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	• 29065.00			
,	23002.00	59939.00		

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

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L.		-		-	0.00
					26225.00
		-		 -	20225.00
					65.00
		7		 7	03.00
					0.00
		7		 7	0.00
					65.00

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	1				0.00
	1		1	-	0.00
	1				90171.00
<u> </u>		7		-7	
	1				189.00
<u> </u>		7		-7	
	1				0.00
<u> </u>		7		-7	0.00
					189.00
	1	-7-		 -7-	1 I 49 I I

#### Page 5

COLUMN B Calendar Year-to-Date

FOR LINE NUMBER:

PAGE 6 OF

	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11		11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	I ay not be sold or used by any p ddress of any political committe	erson for t	he pu	irpose (	of soliciting	g contribut	ions
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Politica	al Action Committee						
Full Name of Individual (Last, First, Middle I Atkinson, Paul, F, Dr., MD	nitial) or Full C	rganization Name	Date	e of F	Receipt			
Mailing Address 3300 Buckeye Rd Ste 178				м З	/ D 1		y y 2018	Y
City Atlanta	State GA	Zip Code 30341				: SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	С				-		1000.0	00
Name of Employer (for Individual) Pathology & Laboratory Medicine, P.C.		upation (for Individual) nologist		Merr	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]					
Full Name of Individual (Last, First, Middle I B. Berardo, Melora, D, Dr., MD	nitial) or Full C	rganization Name	Date	e of F	Receipt			
Mailing Address 3 Carriage HLS			M	)3	/ D		2018	Y
City San Antonio	State TX	Zip Code 78257-1204				: SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	С	500.00					00	
Name of Employer (for Individual) Pathology Reference Laboratory LLC		upation (for Individual) hologist		Merr	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]					
Full Name of Individual (Last, First, Middle I Champagne, Ronald, , Dr., MD	nitial) or Full C	rganization Name	Date	e of F	Receipt			
Mailing Address Dept of Path 210 W Walnut St City	State	Zip Code	(	)3 <sup>™</sup>		1	2018	Y
Canton	IL	61520-2444				Receipt th		
FEC ID number of contributing federal political committee.	С				y	. ,	250.0	00
Name of Employer (for Individual) Graham Hospital Receipt For:	Path	upation (for Individual) nologist		Men	no Item			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]					
SUBTOTAL of Receipts This Page (optional)					,	. ,	1750.0	00
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PAGE 7 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	(check only one)					
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Any information copied from such Reports a or for commercial purposes, other than usin			erson for t	he pu	irpose of	soliciting	contribut	ions	
NAME OF COMMITTEE (In Full) College of American Patholo	ogists Politica	al Action Committee							
Full Name of Individual (Last, First, Midd Collins, Timothy, J, Dr., MD	le Initial) or Full O	rganization Name	Date	of B	Receipt				
Mailing Address 115 N Peachtree Ave			М 0		/ D 16		y y 2018	Y	
City Cookeville	State TN	Zip Code 38501-2546				SA11AL. Receipt th			
FEC ID number of contributing federal political committee.	С						250.0	00	
Name of Employer (for Individual) Cookeville Pathology Laboratory		upation (for Individual) nologist		Mem	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
Full Name of Individual (Last, First, Midd B. Davenport, DeWitt, S, Dr., MD	le Initial) or Full O	rganization Name	Date	of P	Receipt				
Mailing Address 17230 Oakmount Cir			M 0	3	/ 16		2018	Y	
City Harlingen	State TX	Zip Code 78552-6211				SA11AL			
FEC ID number of contributing federal political committee.	С	С			Amount of Each Receipt this Period				
Name of Employer (for Individual) Doctors Hosp at Renaissance		upation (for Individual) nologist		Mem	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	]						
Full Name of Individual (Last, First, Midd CDuncan, Keith, Lawton, Dr., M		rganization Name	Date	of R	leceipt				
Mailing Address Dept of Path <u>1501 Trousdale Dr</u> City	State	Zip Code		3	/ 16		2018	Y	
Burlingame	CA	94010-4506				Receipt th			
FEC ID number of contributing federal political committee.	С				,	,	250.0	00	
Name of Employer (for Individual) Mills - Peninsula Medical Center	Path	Occupation (for Individual) Pathologist			no Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
SUBTOTAL of Receipts This Page (optional	al)				, . , .	,	2500.0	00	
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) College of American Patho	logists Politica	al Action Committee					
Full Name of Individual (Last, First, Mid Elliott, James, N, Dr., MD	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address Dept of Path			M M / D D / Y Y Y Y Y 03 27 2018				
8118 Good Luck Rd	State	Zip Code	Transaction ID : SA11AI.56255				
Lanham	MD	20706-3574	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Doctors Community Hospital		upation (for Individual) nologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
Full Name of Individual (Last, First, Mid <b>B.</b> Farris, K. Barton, , Dr., MD	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 104 English Turn Dr			03 / 14 / Y Y Y Y 03 14				
City New Orleans	State LA	Zip Code 70131-3318	Transaction ID : SA11AI.56201 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual) West Jefferson Medical Center		upation (for Individual) hologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
Full Name of Individual (Last, First, Mid C. Gill, Stephen, A, Dr., MD	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address Laboratory 7700 Floyd Curl Dr	State	Zin Code	03 / D D / Y Y Y Y 16 / 2018				
City San Antonio	TX	Zip Code 78229	Transaction ID : SA11AI.56233 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Southwest Texas Methodist Hosp		upation (for Individual) iologist	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]				
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PAGE 9 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) College of American Patholo	ogists Politica	al Action Committee						
Full Name of Individual (Last, First, Middl <b>A.</b> Goetz, Steven, P, Dr., MD	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address Dept of Path 1000 4th St SW			03 / D D / Y Y Y Y 2018					
City Mason City	State IA	Zip Code 50401-2800	Transaction ID : SA11AI.56247 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Mercy Med Ctr-North Iowa		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1					
Full Name of Individual (Last, First, Midd B. Herbek, Gene, N, Dr., MD	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address The Path Center 8303 Dodge St			03 / D D / Y Y Y Y Y 2018					
City Omaha	State NE	Zip Code 68114-4108	Transaction ID : SA11AI.56214 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Methodist Hospital Pathology		upation (for Individual) hologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1					
Full Name of Individual (Last, First, Middlet, Middlet, The State of State)			Date of Receipt					
Mailing Address Dept of Path 1304 Franklin Ave			03 / 16 / Y Y Y Y					
City Normal	State IL	Zip Code 61761-3558	Transaction ID : SA11AI.56209 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		300.00					
Name of Employer (for Individual) Advocate Bromenn Medical Center		upation (for Individual) ologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]					
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PAGE 10 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		oose of	soliciting	, con	tributio	ons	
$\overline{)}$	NAME OF COMMITTEE (In Full)											
/	College of American Pathologists	s Politica	al Action Committee									
A.	Full Name of Individual (Last, First, Middle Initia Karon, Bradley, S., Dr., MD, PhD	l) or Full Or	rganization Name		Date of Receipt							
	Mailing Address Dept of Path 200 First St SW				03 / D D / Y Y Y Y Y 2018							
	City Rochester	State MN	Zip Code 55905		Transaction ID : SA11AI.56206 Amount of Each Receipt this Period							
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	federal political committee.	U			<u> </u>	-			_	500.00	0	
	Name of Employer (for Individual) Mayo Clinic		upation (for Individual) nologist		Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		500.00									
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name									
В.	Kim, Oliver, S, Dr., MD Mailing Address 1732 Galloway Dr			_	Date of	Re	ceipt		V	Y	v	
		1-			03	Ĺ	06		201			
	City Inverness	State	Zip Code 60010-5700					SA11AL				
	FEC ID number of contributing federal political committee.			1000.00						0		
	Name of Employer (for Individual) Good Shepherd Hosp Lab	Occu Path		Me	emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1000.00	1								
C.	Full Name of Individual (Last, First, Middle Initia Knight, Kathryn, Teresa, Dr., MD	l) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 326 Haddon Ct				03 <sup>M</sup>	1	D D 30	/ Y	201	18 <sup>°</sup>	Y	
	City Franklin	State TN	Zip Code 37067	_				SA11AI.				
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	federal political committee.	С			<u>-</u>		y .	y y	1	000.00	0	
	Name of Employer (for Individual) Unaffiliated		upation (for Individual) nologist		M	emc	ltem					
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	Other (specify)											
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PAGE 11 OF

		Use separate schedule(s)	(check on	(check only one)						
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the	e purpose of	f soliciting	contribut	tions			
NAME OF COMMITTEE (In Full) College of American Patholog	ists Politica	al Action Committee								
Full Name of Individual (Last, First, Middle Leigh, Christopher, J, Dr., MD	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address Mercy Medical Center <u>250 Mercy Dr</u>			M 03	03 / D D / Y Y Y Y 2018						
City Dubuque	State IA	Zip Code 52001-7320		saction ID : nt of Each F						
FEC ID number of contributing federal political committee.					500.0	00				
Name of Employer (for Individual) United Clinical Laboratories Inc		upation (for Individual) nologist		lemo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
Full Name of Individual (Last, First, Middle B. Leoni, Patrick, A, Dr., MD	Initial) or Full O	rganization Name	Date o	of Receipt						
Mailing Address 1437 Denmark St	03	/ D 16		2018	Y					
City Sonoma	State CA	Zip Code 95476-9607		saction ID : nt of Each F						
FEC ID number of contributing federal political committee.	° (						00			
Name of Employer (for Individual) Sutter Solano Laboratory		Occupation (for Individual) Pathologist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
Full Name of Individual (Last, First, Middle C. Lepoff, Ronald, B, Dr., MD	Initial) or Full O	rganization Name	Date o	of Receipt						
Mailing Address 2964 S Milwaukee Cir			03	27		үүү 2018	Y			
City Denver	State CO	Zip Code 80210-6756		saction ID	-					
FEC ID number of contributing federal political committee.	C				, ,	500.0	00			
Name of Employer (for Individual) University of Colorado Hospital		upation (for Individual) nologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1							
SUBTOTAL of Receipts This Page (optional)						1250.0	00			
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PAGE 12 OF

		Use separate schedule(s)	(che	(check only one)							
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Any information copied from such Reports and or for commercial purposes, other than using t				for the p		ose of	soliciting	contribu	tions		
NAME OF COMMITTEE (In Full)											
College of American Patholog	ists Politica	al Action Committee									
Full Name of Individual (Last, First, Middle Littell, Glenn, H, Dr., MD	nitial) or Full O	rganization Name		Date of Receipt							
Mailing Address Dept of Path 2975 Sycamore Dr				03 16 Y Y Y Y Y 2018							
City Simi Valley	State CA	Zip Code 93065-1201					SA11AI.	56217 is Period			
FEC ID number of contributing federal political committee.					<b>,</b>		250.	00			
Name of Employer (for Individual) Simi Valley Hospital & Health Care Ser	upation (for Individual) nologist		Me	emo	Item						
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 250.00	]									
Full Name of Individual (Last, First, Middle   <b>B.</b> Liu, Fangluo, , Dr., MD	nitial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 420 34th St							/ Y	2018	Y		
City _Bakersfield	State CA	Zip Code 93301-2237				-	SA11AI.	56212 is Period			
FEC ID number of contributing federal political committee.	С				<b>y</b>	-	500.	00			
Name of Employer (for Individual) Bakersfield Memorial Hosp Lab		Occupation (for Individual) Pathologist			emo	ltem					
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		500.00									
Full Name of Individual (Last, First, Middle Lyle, Stephen, R, Dr., MD, PhD	nitial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 156 Walnut St				03 <sup>M</sup>	/	D D D 16	/ Y	2018	Y		
City Wellesley	State MA	Zip Code 02481-3335					SA11AI.	56232 is Period			
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Name of Employer (for Individual) UMASS Mem Med Ctr Lab		upation (for Individual) nologist		Me	emo	Item					
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PAGE 13 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)						-	
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	mation copied from such Reports and St nmercial purposes, other than using the				for the		pose of	soliciting	g contrib		IS
	OF COMMITTEE (In Full)										
	ege of American Pathologist	s Politica	l Action Committee								
	ame of Individual (Last, First, Middle Initi uyer, Curtis, Austin, Dr., MD	al) or Full O	ganization Name		Date of	Re	ceipt				
	g Address 9410 Carroll Park Dr				03 01 2018						
City		State	Zip Code	_	Transaction ID : SA11AI.56186						
	San Diego     CA       FEC ID number of contributing federal political committee.     C		92121-5201					eceipt th		d	
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	of Employer (for Individual) etheus Laboratories, Inc		pation (for Individual) ologist		M	emc	tem				
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]							
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	g Address Dept of Path 16001 W 9 Mile Rd			03	1	D D D 13	/ Y	2018	Y		
City South	field	State MI	Zip Code 48075-4818					SA11AL		. al	
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	of Employer (for Individual) Medical Center-Bramhall Campus	Occupation (for Individual) Pathologist				emc	tem				
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	ame of Individual (Last, First, Middle Initi kowitz, Gerald, , Dr., MD	al) or Full O	ganization Name		Date of	Re	eceipt				
Mailing	g Address 904 49th St				03	1	D D D	/ Y	y y 2018	Y	
City Brook	lyn	State NY	Zip Code 11219-2922					SA11AI. eceipt th		bd	
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Cellne	of Employer (for Individual) tix Pathology and Laboratories		pation (for Individual) blogist		Memo Item						
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PAGE 14 OF

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	✗         11a         11b         11c           13         14         15	12 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements ma	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting cor	ntributions						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists	s Politica	al Action Committee								
/	<u> </u>										
Α.	Full Name of Individual (Last, First, Middle Initia Murphy, Robert, Joseph, Dr., MD	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address Dept of Path 1726 Shawano Ave				)18						
	City Sta Green Bay W		Zip Code 54303-3216	Transaction ID : SA11AI.5622 Amount of Each Receipt this P							
	FEC ID number of contributing federal political committee.	С			300.00						
	Name of Employer (for Individual) St Mary's Hospital Medical Center		upation (for Individual) nologist	Memo Item							
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼											
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name								
В.	Nakhleh, Raouf, , E., Dr. Mailing Address Department of Pathology 4201 Belfort Rd			Date of Receipt	18						
	City Jacksonville FEC ID number of contributing federal political committee.		Zip Code	Transaction ID : SA11AI.5619							
			32216	Amount of Each Receipt this P	eriod 1000.00						
	Name of Employer (for Individual) St. Luke's Hosp		upation (for Individual) nologist	Memo Item							
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— с.	Full Name of Individual (Last, First, Middle Initia Newby, John, G, Dr., MD	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address Dept of Path 11110 Medical Campus Rd Ste	230			18 18						
	City Hagerstown	State MD	Zip Code 21742-6727	Transaction ID : SA11AI.562 Amount of Each Receipt this P							
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	Name of Employer (for Individual) Meritus Health		upation (for Individual) ologist	Memo Item							
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PAGE 15 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(che	(check only one)									
			for each category of the Detailed Summary Page	×	11a	$\square$	11b	11c	12	<b></b>		
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	F COMMITTEE (In Full) le of American Patholog	ists Politica	I Action Committee									
	e of Individual (Last, First, Middle Wayne, E, Dr., MD	Initial) or Full O	rganization Name		Date of Receipt							
Mailing A	ddress 1305 N 129th Cir				03 14 2018							
City Omaha		State NE	Zip Code 68154-3612					<b>SA11AI.</b> eceipt th	56202 iis Period			
CHI Health Bergan Mercy Laboratory Pa					<u> </u>		y		250.0	00		
			upation (for Individual) nologist		Me	emo	Item					
	or: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Putnam, Angelica, Rocio, Dr., MD						ceipt					
	Mailing Address Dept of Path 100 Mario Capecchi Dr City State Zip Code							/ Y	2018	Y		
Salt Lake	Citv	UT	84113-1100					SA11AL	56203 iis Period			
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	Employer (for Individual) hildrens Medical Center		upation (for Individual) nologist		Me	emo	Item					
	or: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]								
	e of Individual (Last, First, Middle art, Elizabeth, Marie, Dr.,		rganization Name		Date of	Red	ceipt					
Mailing A	ddress 47 Overshot Dr				03	/	D D D 21	/ Y	2018	Y		
City South Gl	astonbury	State CT	Zip Code 06073-2231					SA11AI. eceipt th	56243 iis Period			
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Brigham a	Employer (for Individual) and Womens Hospital		ipation (for Individual) ologist		Me	emo	ltem					
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PAGE 16 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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NAME OF COMMITTEE (In Full)											
angle College of American Patholog	jists Politica	al Action Committee									
Full Name of Individual (Last, First, Middle A. Saad, Assad, J, Dr., MD	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4327 Northaven Rd			03 16 2018								
City Dallas	State TX	Zip Code 75229-4123	Transaction ID : SA11AI.56204 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.			2500.00								
Name of Employer (for Individual) unaffiiliated		upation (for Individual) nologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	1								
Full Name of Individual (Last, First, Middle B. Scanlan, Richard, M, Dr., MD	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 01411 SW Radcliffe Road			03 23 2018								
City Portland	State OR	Zip Code 97219	Transaction ID : SA11AI.56251								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) Oregon Health & Science University		upation (for Individual) hologist	Memo Item								
Receipt For:	I	Year-to-Date ▼									
Other (specify) ▼		, 1000.00	]								
Full Name of Individual (Last, First, Middle C. Smith, Jeffrey, B, Dr., MD	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address PO Box 6647			03 23 2018								
City Ozona	State FL	Zip Code 34660-6647	Transaction ID : SA11AI.56249 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Florida Hospital North Pinellas		upation (for Individual) nologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]								
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PAGE 17 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
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			13     14     15     16     17       Derson for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) College of American Patho	logists Politica	al Action Committee								
Full Name of Individual (Last, First, Mic A. Speights Jr, V, O, Dr., DO	,	rganization Name	Date of Receipt							
Mailing Address 6110 Shadow Creek C	ove		03 27 2018							
City Temple	State TX	Zip Code 76502	Transaction ID : SA11AI.56260 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Scott & White Medical Center - Temple		upation (for Individual) nologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
Full Name of Individual (Last, First, Mic B. Stewart, Brian, K., Dr., MD	l Name of Individual (Last, First, Middle Initial) or Full Organization Name tewart, Brian, K., Dr., MD									
Mailing Address 3033 NW Colonial Dr			Date of Receipt							
City Bend	State OR	Zip Code 97701-5447	Transaction ID : SA11AI.56238 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Central Oregon Pathology Consultants P		upation (for Individual) nologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
Full Name of Individual (Last, First, Mic C. Synovec, Mark, S, Dr., MD	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 10047 SW 101st St			03 25 2018							
City Auburn	State KS	Zip Code 66402-9615	Transaction ID : SA11AI.56252 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		750.00							
Name of Employer (for Individual) Stormont- Vail Reg Health Ctr		upation (for Individual) ologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]							
SUBTOTAL of Receipts This Page (optio	nal)		1750.00							
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PAGE 18 OF

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			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		_								
College of American Patholc	gists Politica	al Action Committee								
Full Name of Individual (Last, First, Middl Wallace, Timothy, M, Dr., MD	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address ACL Lab 36500 Aurora Dr			03 01 2018							
City	State	Zip Code	Transaction ID : SA11AI.56190							
Oconomowoc	WI	53066-4899	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.           Name of Employer (for Individual)           Aurora Medical Center - Summit			500.00							
		upation (for Individual) nologist	Memo Item							
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Primary General Other (specify) ▼		500.00	1							
			1							
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wedemeyer, Gerald, Thomas, Dr., MD									
Mailing Address Lab 327 Medical Park Dr			03 / D D / Y Y Y Y Y 2018							
City	State WV	Zip Code	Transaction ID : SA11AI.56254							
Bridgeport		26330-9006	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) United Hospital Center		upation (for Individual) hologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify) ▼		250.00	]							
Full Name of Individual (Last, First, Middl C. Wheeler, Thomas, M, Dr., MD	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4915 Elm St			03 / D D / Y Y Y Y 2018							
City Bellaire	State TX	Zip Code 77401-2810	Transaction ID : SA11AI.56189							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Baylor College of Medicine		upation (for Individual) Iologist	Memo Item							
Receipt For:	I	Year-to-Date ▼								
Other (specify)		1000.00	]							
SUBTOTAL of Receipts This Page (optiona	l)		1750.00							
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PAGE 19 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
College of American Patholog	gists Politica	al Action Committee								
Full Name of Individual (Last, First, Middle Worsham Jr, George, F, Dr., MD	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address Dept of Path 316 Calhoun St			03 16 / Y Y Y Y 2018							
City Charleston	State SC	Zip Code 29401-1125	Transaction ID : SA11AI.56215 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) Roper Hosp		upation (for Individual) hologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name of Individual (Last, First, Middle B.	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
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Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
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Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name	Date of Receipt							
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FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
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S	CHEDULE B (FEC Form 3X)			F	OR I	LINE N	NUMBER: PAGE 20 OF 25							
IT	EMIZED DISBURSEMENTS	Use sepa for each	(c	heck	c only 21b	y one)								
		Detailed \$	Summary Page			210 28a	22 <b>x</b> 23 20 27 28b 28c 29 30b							
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\mathbb{N}$	NAME OF COMMITTEE (In Full)													
	College of American Pathologists	Political /	Action Com	mitte	e									
Α.	Full Name (Last, First, Middle Initial) BILL FLORES FOR CONGRESS						Date of Disbursement							
	Mailing Address 412 S CAPITOL STREET SE SUITE B						03 / D D / Y Y Y Y 2018							
	City WASHINGTON	State DC	Zip Code				FEC Identification Number							
	Purpose of Disbursement	DC	20003	_	_		C C00472241							
				11			Transaction ID : SB23.56267							
	Candidate Name			Cate		y/	Amount of Each Disbursement this Period							
	Office Sought: 🗶 House Disburse	ment For: 2	2018	I,	ype		1000.00							
	Senate President	Primary Other (spec	General											
	State: TX District: 17	Other (spec	siiy) ▼				Memo Item							
B.	Full Name (Last, First, Middle Initial)	<b>-</b>					Date of Disbursement							
υ.	BLUMENAUER FOR CONGRESS	5												
	Mailing Address 901 SE OAK STREET SUITE 105						03 15 2018							
	City Portland	State OR	Zip Code 97214				FEC Identification Number							
	Purpose of Disbursement		57214				C C00307314							
	Candidate Name			L.,			Transaction ID : SB23.56268							
				Cate T	egor ype	y/	Amount of Each Disbursement this Period							
		ment For: 2					1500.00							
	President	Primary Other (spec	General											
	State: OR District: 03		, , , , , , , , , , , , , , , , , , ,				Memo Item							
c.	Full Name (Last, First, Middle Initial) DELBENE FOR CONGRESS						Date of Disbursement							
	Mailing Address 499 SOUTH CAPITOL STREET, S	SW					M M / D D / Y Y Y Y 03 23 2018							
	SUITE 422													
	City WASHINGTON	State DC	Zip Code 20003				FEC Identification Number							
	Purpose of Disbursement				-		С соо459099							
	Candidate Name			Cate	egor ype	y/	Transaction ID : SB23.56279 Amount of Each Disbursement this Period							
		ment For: 2					1000.00							
	Senate x	Primary Other (spec	General											
_	State: WA District: 01						Memo Item							
s	UBTOTAL of Disbursements This Page (optional).					•	3500.00							
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SCHEDULE B (FEC Form 3	<b>3X)</b> г				יי סר		NUMBER PAGE 21 OF 25
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck	only	one)
			Summary Page			21b 28a	22     ★     23     26     27       28b     28c     29     30b
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NAME OF COMMITTEE (In Full)				• • •			
College of American Pathol	logists P	olitical A	Action Com	mitte	е		
Full Name (Last, First, Middle Initial)							
A. DONNELLY FOR INDIANA	L .						Date of Disbursement
Mailing Address 303 mASSACHUSETTS						03 / D D / Y Y Y Y 23 _2018	
City		ate	Zip Code				FEC Identification Number
WASHINGTON Purpose of Disbursement	L	DC	20002			_	C C00393652
							Transaction ID : SB23.56281
Candidate Name				Cate	egory/	/	Amount of Each Disbursement this Period
Office Sought: House	Disburseme	ent For: 2	2018	I	/pe		2500.00
× Senate		Primary	General				
State: IN District: 00		Other (spec	cify) 🔻				Memo Item
Full Name (Last, First, Middle Initial)							
<b>B.</b> DOYLE FOR CONGRESS	COMMI	TTEE					Date of Disbursement
Mailing Address 228 2ND STREET SE		M         M         /         D         D         /         Y					
City		ate	Zip Code				FEC Identification Number
WASHINGTON Purpose of Disbursement			_				
·							C C00290064 Transaction ID : SB23.56269
Candidate Name				Category/			Amount of Each Disbursement this Period
Office Sought: 🗶 House	Disburseme	ent For: 2	2018	Туре			1000.00
Senate		rimary	General				1 1 49 <sup>a</sup> 1 1 49 <sup>a</sup> 1 1 49 <sup>a</sup> 1
State: PA District: 14		Other (spec	cify)				Memo Item
State: PA District: 14 Full Name (Last, First, Middle Initial)							
C. DR RAUL RUIZ FOR CON	GRESS						Date of Disbursement
Mailing Address C/O AMY STRATHDEE P.O. BOX 15096							03 23 2018
City WASHINGTON		ate DC	Zip Code 20003				FEC Identification Number
Purpose of Disbursement		-		-	-		С соо5о2575
Candidate Name			Cate	egory/ /pe	/	Transaction ID : SB23.56282 Amount of Each Disbursement this Period	
Office Sought: House	Disburseme	ent For: 2	018	• • •			1000.00
Senate President	~	rimary	General				
State: CA District: 36		Other (spec	iny) 🔻				Memo Item
SUBTOTAL of Disbursements This Page	(optional)						4500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 25			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	v one) 22 X 23 26 27 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Com	mittee				
Full Name (Last, First, Middle Initial)  A. ENGEL FOR CONGRESS  Mailing Address 38 IVY STREET, SE			Date of Disbursement			
City	State Zip Code					
WASHINGTIN Purpose of Disbursement	DC 20003		FEC Identification Number			
Candidate Name		Category/ Type	Transaction ID : SB23.56283 Amount of Each Disbursement this Period			
Senate President	eement For: 2018 ✔ Primary General Other (specify) ▼		1000.00 Memo Item			
Full Name (Last, First, Middle Initial) B. FRIENDS OF ERIK PAULSEN	FRIENDS OF ERIK PAULSEN					
City	Mailing Address     1006 PENDLETON STREET       City     State     Zip Code					
ALEXANDRIA Purpose of Disbursement Candidate Name	VA 22314	Category/	FEC Identification Number C C00439661 Transaction ID : SB23.56270 Amount of Each Disbursement this Period			
· · ·	ement For: 2018 Primary General Other (specify)	Туре	1500.00 Memo Item			
Full Name (Last, First, Middle Initial)	Date of Disbursement					
Mailing Address 1006 PENDLETON STREET			03 / D D / Y Y Y Y 2018			
City ALEXANDRIA Purpose of Disbursement		FEC Identification Number C C00439661 Transaction ID : SB23.56271				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: Senate President State: MN District: 03	eement For: 2018 Primary <b>x</b> General Other (specify) ▼		1000.00 Memo Item			
SUBTOTAL of Disbursements This Page (optional	)		3500.00			
TOTAL This Period (last page this line number on						

SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 23 OF 25	
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		only one) 1b 22 <b>X</b> 23 26 27 8a 28b 28c 29 30b	
Any information copied from such Reports and Sta or for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full)	Delitical	A ation Cam			
College of American Pathologists	s Political	Action Com	millee		
Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN THUNE	Date of Disbursement				
Mailing Address P.O. BOX 841				03 15 2018	
City Sioux Falls	State SD	Zip Code 57101		FEC Identification Number	
Purpose of Disbursement		37101		C C00409581	
Candidate Name			Catanam	Transaction ID : SB23.56272 Amount of Each Disbursement this Period	
			Category/ Type		
Office Sought: House Disbur X Senate President	sement For: Primary Other (spe	X General		5000.00	
State: SD District:		Solly) V		Memo Item	
Full Name (Last, First, Middle Initial) B. KENNY MARCHANT FOR CON	GRESS			Date of Disbursement	
Mailing Address 104 HUME AVENUE				03 15 2018	
City ALEXANDRIA	State VA	Zip Code 22301		FEC Identification Number	
Purpose of Disbursement				C C00393348	
Candidate Name			Category/ Type	Transaction ID : SB23.56273 Amount of Each Disbursement this Period	
Office Sought: X House Disbur Senate	sement For: Primary	2018		1000.00	
State: TX District: 24	Other (spe			Memo Item	
Full Name (Last, First, Middle Initial)					
Mailing Address 228 2ND STREET, SE	03 / D D / Y Y Y Y 23 2018				
City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number	
Purpose of Disbursement	C C00414318				
Candidate Name			Category/ Type	Transaction ID : SB23.56284 Amount of Each Disbursement this Period	
Sanata	sement For:			1000.00	
Senate President State: IA District: 02	Content of the second secon	ecify) ▼		Memo Item	
				7000.00	
SUBTOTAL of Disbursements This Page (optiona	)			> 7000.00	
TOTAL This Period (last page this line number or	ıly)				

S	CHEDULE B (FEC Form 3X)			FC	DR LI	NE N	IUMBER: PAGE 24 OF 25	
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		neck	only only only only only only only only	-	
_		Detailed	Summary Fage		2	28a	28b 28c 29 30b	
	ny information copied from such Reports and States for commercial purposes, other than using the nar							
$\left[ \right]$	NAME OF COMMITTEE (In Full)							
	College of American Pathologists I	Political	Action Com	mitte	e			
Α.	Full Name (Last, First, Middle Initial) MULLIN FOR CONGRESS						Date of Disbursement	
	Mailing Address 213 ASHBY STREET		M         /         D         D         /         Y					
	City ALEXANDRIA	State VA	Zip Code 22305				FEC Identification Number	
	Purpose of Disbursement	VA	22303	-	_		C C00498345	
	Candidate Name			L.,			Transaction ID : SB23.56274	
	Calificate Marie				egory. /pe	/	Amount of Each Disbursement this Period	
	Office Sought: X House Disburse	ment For: 2 Primary	2018 X General				2500.00	
	State: OK District: 02	Other (spec					Memo Item	
_	Full Name (Last, First, Middle Initial)							
В.	NEW DEMOCRAT COALITION PA	AC					Date of Disbursement	
	Mailing Address 233 PENNSYLVANIA AVE, SE 2ND FLOOR						03 / D D / Y Y Y Y 2018	
	City WASHINGTON	State DC	Zip Code 20003				FEC Identification Number	
	Purpose of Disbursement	20	20003				С С00409730	
	Candidate Name			Category/ Type		,	Transaction ID : SB23.56275 Amount of Each Disbursement this Period	
		ment For: 2		.,	po		1000.00	
	President X	Primary Other (spec	General (				Memo Item	
	State: District:		OTHER					
C.	Full Name (Last, First, Middle Initial) PERIMETER PAC						Date of Disbursement	
	Mailing Address 124 WASHINGTON STREET SUITE 101						03 / D D / Y Y Y Y Y 23 2018	
	,	State	Zip Code		FEC Identification Number			
	FOXBORO         MA         02035           Purpose of Disbursement						C C00544254	
	Candidate Name					,	Transaction ID : SB23.56285 Amount of Each Disbursement this Period	
	Office Sought: House Disburse	Ty	/pe		5000.00			
	Senate	Primary General						
	State: District:	Other (spec	otty) ▼ OTHER				Memo Item	
	UBTOTAL of Disbursements This Page (optional)						8500.00	
⊢						_		
11	<b>OTAL</b> This Period (last page this line number only	)			····· ]			

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SCHEDULE B (FEC Form 3X)		poroto cohodula(-)				NUMBER: PAGE 25 OF 25			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(cł		only 21b	/ one) □ 22 🕱 23 □ 26 □ 27			
	Detailed	Summary Page			28a	28b 28c 29 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)		_							
College of American Pathologist	s Political	Action Com	mitte	e					
Full Name (Last, First, Middle Initial) A. PETE SESSIONS FOR CONGR		Date of Disbursement							
Mailing Address 325 - 7TH STREET, NW SUITE 400		03 / 15 / Y Y Y Y 2018							
City	State DC	Zip Code				FEC Identification Number			
WASHINGTON Purpose of Disbursement	DC	20004	_		_	C C00303305			
						Transaction ID : SB23.56277			
Candidate Name			Cate Ty	egory /pe	/	Amount of Each Disbursement this Period			
Office Sought: <b>x</b> House Disbur Senate	sement For: Primary	2018 X General				1000.00			
State: TX District: 32	Other (spe	ecify) ▼				Memo Item			
Full Name (Last, First, Middle Initial)									
B. WENSTRUP FOR CONGRESS						Date of Disbursement			
Mailing Address 1006 PENDLETON STREET						03 15 2018			
City	State	Zip Code				FEC Identification Number			
ALEXANDRIA Purpose of Disbursement						C C00497818			
						Transaction ID : SB23.56278			
Candidate Name			egory/		Amount of Each Disbursement this Period				
Office Sought: 🗶 House Disbur	sement For:	2018	Ty	/pe		1000.00			
	× Primary	General							
State: OH District: 02	Other (spe	ecify)				Memo Item			
Full Name (Last, First, Middle Initial)	ull Name (Last, First, Middle Initial)								
						Date of Disbursement			
Mailing Address	Mailing Address								
City	State	Zip Code				FEC Identification Number			
Purpose of Disbursement	<sup>5</sup> urpose of Disbursement					С			
Candidate Name	andidate Name				/	Amount of Each Disbursement this Period			
Office Sought: House Disbur	sement For:		/pe						
Senate President	Primary Other (sp)	General							
State: District:	Other (spe	ecity) 🔻				Memo Item			
'									
SUBTOTAL of Disbursements This Page (optiona	l)					2000.00			
TOTAL This Period (last page this line number o	nly)					29000.00			