

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) 1001 G Street NW Suite 425 West Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00274944

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) Dec 20 (M12) Jan 31 (YE)

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

Election on MM/DD/YYYY in the State of

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

Election on MM/DD/YYYY in the State of

5. Covering Period 03/01/2018 through 03/31/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Konnick, Eric, , Dr., MD,MS

Type or Print Name of Treasurer

Signature of Treasurer Konnick, Eric, , Dr., MD,MS [Electronically Filed] Date 04/18/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 8 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		435671.14
(b) Cash on Hand at Beginning of Reporting Period.....	468743.14	
(c) Total Receipts (from Line 19) .....	26225.00	90171.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 2018

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
(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) .....	26225.00	90171.00
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)).....▶	26225.00	90171.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26225.00	90171.00

**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 .....	65.00	189.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	65.00	189.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	59750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	29065.00	59939.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29065.00	59939.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26225.00	90171.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26225.00	90171.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	65.00	189.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.00	189.00

**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 6 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Atkinson, Paul, F, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 Buckeye Rd Ste 178  
 City Atlanta State GA Zip Code 30341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology & Laboratory Medicine, P.C. Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56226**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Berardo, Melora, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Carriage HLS  
 City San Antonio State TX Zip Code 78257-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Reference Laboratory LLC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2018  
**Transaction ID : SA11AI.56246**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Champagne, Ronald, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 210 W Walnut St  
 City Canton State IL Zip Code 61520-2444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Graham Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2018  
**Transaction ID : SA11AI.56187**  
 Amount of Each Receipt this Period 250.00  
 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 7 OF 25
<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. Collins, Timothy, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 N Peachtree Ave  
 City Cookeville State TN Zip Code 38501-2546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cookeville Pathology Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56234**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Davenport, DeWitt, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17230 Oakmount Cir  
 City Harlingen State TX Zip Code 78552-6211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Doctors Hosp at Renaissance Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56211**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Duncan, Keith, Lawton, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 1501 Trousdale Dr  
 City Burlingame State CA Zip Code 94010-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mills - Peninsula Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56219**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 8 OF 25
<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. Elliott, James, N, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Doctors Community Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2018  
**Transaction ID : SA11AI.56255**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Farris, K. Barton, , Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 English Turn Dr

City New Orleans State LA Zip Code 70131-3318

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

Name of Employer (for Individual) West Jefferson Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2018  
**Transaction ID : SA11AI.56201**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Gill, Stephen, A, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Laboratory  
7700 Floyd Curl Dr

City San Antonio State TX Zip Code 78229

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

Name of Employer (for Individual) Southwest Texas Methodist Hosp Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56233**

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 9 OF 25
<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. Goetz, Steven, P, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 1000 4th St SW  
 City Mason City State IA Zip Code 50401-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Med Ctr-North Iowa Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2018  
**Transaction ID : SA11AI.56247**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Herbek, Gene, N, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address The Path Center  
 8303 Dodge St  
 City Omaha State NE Zip Code 68114-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Methodist Hospital Pathology Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56214**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Huddleston, David, J., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 1304 Franklin Ave  
 City Normal State IL Zip Code 61761-3558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Advocate Bromenn Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56209**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 10 OF 25
<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. Karon, Bradley, S., Dr., MD, PhD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
200 First St SW

City Rochester State MN Zip Code 55905

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

Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56206**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Kim, Oliver, S, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1732 Galloway Dr

City Inverness State IL Zip Code 60010-5700

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

Name of Employer (for Individual) Good Shepherd Hosp Lab Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2018  
**Transaction ID : SA11AI.56191**

Amount of Each Receipt this Period 1000.00

Memo Item

**c. Knight, Kathryn, Teresa, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 326 Haddon Ct

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018  
**Transaction ID : SA11AI.56265**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
<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. Leigh, Christopher, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) United Clinical Laboratories Inc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56208**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Leoni, Patrick, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1437 Denmark St  
 City Sonoma State CA Zip Code 95476-9607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Solano Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56225**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Lepoff, Ronald, B, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2964 S Milwaukee Cir  
 City Denver State CO Zip Code 80210-6756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Colorado Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2018  
**Transaction ID : SA11AI.56258**  
 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 12 OF 25
<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. Littell, Glenn, H, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 2975 Sycamore Dr  
 City Simi Valley State CA Zip Code 93065-1201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Simi Valley Hospital & Health Care Ser Occupation (for Individual) 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  
 03 / 16 / 2018  
**Transaction ID : SA11AI.56217**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Liu, Fangluo, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Bakersfield Memorial Hosp Lab Occupation (for Individual) 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  
 03 / 16 / 2018  
**Transaction ID : SA11AI.56212**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**c. Lyle, Stephen, R, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 Walnut St  
 City Wellesley State MA Zip Code 02481-3335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMASS Mem Med Ctr Lab Occupation (for Individual) 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  
 03 / 16 / 2018  
**Transaction ID : SA11AI.56232**  
 Amount of Each Receipt this Period  
 1000.00  
 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 13 OF 25
<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. McGuyer, Curtis, Austin, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9410 Carroll Park Dr  
 City San Diego State CA Zip Code 92121-5201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prometheus Laboratories, Inc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 01 / 2018  
**Transaction ID : SA11AI.56186**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Mervak, Timothy, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 16001 W 9 Mile Rd  
 City Southfield State MI Zip Code 48075-4818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maine Medical Center-Bramhall Campus Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2018  
**Transaction ID : SA11AI.56198**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Minkowitz, Gerald, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 904 49th St  
 City Brooklyn State NY Zip Code 11219-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cellnetix Pathology and Laboratories Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56216**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 14 OF 25
<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. Murphy, Robert, Joseph, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 1726 Shawano Ave  
 City Green Bay State WI Zip Code 54303-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Mary's Hospital Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56229**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Nakhleh, Raouf, , E., Dr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Department of Pathology  
 4201 Belfort Rd  
 City Jacksonville State FL Zip Code 32216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Luke's Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2018  
**Transaction ID : SA11AI.56197**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

Date of Receipt 03 / 28 / 2018  
**Transaction ID : SA11AI.56264**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<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 15 OF 25
<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. Penka, Wayne, E, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 N 129th Cir  
 City Omaha State NE Zip Code 68154-3612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHI Health Bergan Mercy Laboratory Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2018  
**Transaction ID : SA11AI.56202**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Putnam, Angelica, Rocio, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path 100 Mario Capecchi Dr  
 City Salt Lake City State UT Zip Code 84113-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primary Childrens Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56203**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Rinehart, Elizabeth, Marie, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 Overshot Dr  
 City South Glastonbury State CT Zip Code 06073-2231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Womens Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2018  
**Transaction ID : SA11AI.56243**  
 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: (check only one)	PAGE 16 OF 25
<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. Saad, Assad, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4327 Northaven Rd  
 City Dallas State TX Zip Code 75229-4123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 16 / 2018  
**Transaction ID : SA11AI.56204**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Scanlan, Richard, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 01411 SW Radcliffe Road  
 City Portland State OR Zip Code 97219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Health & Science University Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2018  
**Transaction ID : SA11AI.56251**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Smith, Jeffrey, B, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 6647  
 City Ozona State FL Zip Code 34660-6647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Florida Hospital North Pinellas Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2018  
**Transaction ID : SA11AI.56249**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 17 OF 25
<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. Speights Jr, V, O, Dr., DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6110 Shadow Creek Cove

City Temple	State TX	Zip Code 76502
----------------	-------------	-------------------

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

Name of Employer (for Individual) Scott & White Medical Center - Temple	Occupation (for Individual) 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
03	/	27	/	2018

**Transaction ID : SA11AI.56260**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Stewart, Brian, K., Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3033 NW Colonial Dr

City Bend	State OR	Zip Code 97701-5447
--------------	-------------	------------------------

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

Name of Employer (for Individual) Central Oregon Pathology Consultants P	Occupation (for Individual) 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
03	/	21	/	2018

**Transaction ID : SA11AI.56238**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Synovec, Mark, S, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10047 SW 101st St

City Auburn	State KS	Zip Code 66402-9615
----------------	-------------	------------------------

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

Name of Employer (for Individual) Stormont- Vail Reg Health Ctr	Occupation (for Individual) Pathologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2018

**Transaction ID : SA11AI.56252**

Amount of Each Receipt this Period  
750.00

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 18 OF 25
<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. Wallace, Timothy, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 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  
 03 / 01 / 2018  
**Transaction ID : SA11AI.56190**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Wedemeyer, Gerald, Thomas, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Lab  
 327 Medical Park Dr  
 City Bridgeport State WV Zip Code 26330-9006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 United Hospital Center Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2018  
**Transaction ID : SA11AI.56254**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Wheeler, Thomas, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4915 Elm St  
 City Bellaire State TX Zip Code 77401-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 03 / 01 / 2018  
**Transaction ID : SA11AI.56189**  
 Amount of Each Receipt this Period  
 1000.00  
 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: PAGE 19 OF 25  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Worsham Jr, George, F, Dr., MD

Mailing Address Dept of Path  
 316 Calhoun St

City Charleston    State SC    Zip Code 29401-1125

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

Name of Employer (for Individual) Roper Hosp    Occupation (for Individual) 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  
 03 / 16 / 2018

**Transaction ID : SA11AI.56215**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23750.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. BILL FLORES FOR CONGRESS**

Mailing Address 412 S CAPITOL STREET SE  
SUITE B

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00472241

**Transaction ID : SB23.56267**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUMENAUER FOR CONGRESS**

Mailing Address 901 SE OAK STREET  
SUITE 105

City Portland State OR Zip Code 97214

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00307314

**Transaction ID : SB23.56268**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. DELBENE FOR CONGRESS**

Mailing Address 499 SOUTH CAPITOL STREET, SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

**C** C00459099

**Transaction ID : SB23.56279**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

3	5	0	0	0	0	0	0	0	0

3	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. DONNELLY FOR INDIANA**

Mailing Address 303 MASSACHUSETTS AVE, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

**C** C00393652

**Transaction ID : SB23.56281**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DOYLE FOR CONGRESS COMMITTEE**

Mailing Address 228 2ND STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00290064

**Transaction ID : SB23.56269**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DR RAUL RUIZ FOR CONGRESS**

Mailing Address C/O AMY STRATHDEE,  
P.O. BOX 15096

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

**C** C00502575

**Transaction ID : SB23.56282**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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"/> 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. ENGEL FOR CONGRESS**

Mailing Address 38 IVY STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

**C** C00236513

**Transaction ID : SB23.56283**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00439661

**Transaction ID : SB23.56270**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00439661

**Transaction ID : SB23.56271**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address P.O. BOX 841

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00409581

**Transaction ID : SB23.56272**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KENNY MARCHANT FOR CONGRESS**

Mailing Address 104 HUME AVENUE

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: TX District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00393348

**Transaction ID : SB23.56273**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address 228 2ND STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

**C** C00414318

**Transaction ID : SB23.56284**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

**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"/> 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. MULLIN FOR CONGRESS**

Mailing Address 213 ASHBY STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22305

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00498345

**Transaction ID : SB23.56274**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEW DEMOCRAT COALITION PAC**

Mailing Address 233 PENNSYLVANIA AVE, SE  
2ND FLOOR

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) OTHER

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	8

FEC Identification Number

**C** C00409730

**Transaction ID : SB23.56275**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PERIMETER PAC**

Mailing Address 124 WASHINGTON STREET  
SUITE 101

City  
FOXBORO

State  
MA

Zip Code  
02035

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) OTHER

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	8

FEC Identification Number

**C** C00544254

**Transaction ID : SB23.56285**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. PETE SESSIONS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 325 - 7TH STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 32

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2018

FEC Identification Number

C C00303305

Transaction ID : SB23.56277

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. WENSTRUP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2018

FEC Identification Number

C C00497818

Transaction ID : SB23.56278

Amount of Each Disbursement this Period

1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

29000.00