

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.
College of American Pathologists Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="486810.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="530854.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28927.00"/>	<input type="text" value="106611.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="559781.14"/>	<input type="text" value="593421.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18587.40"/>	<input type="text" value="52227.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="541193.74"/>	<input type="text" value="541193.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25200.00	92650.00
(ii) Unitemized	3727.00	13961.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28927.00	106611.00
(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)	28927.00	106611.00
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))..... ▶	28927.00	106611.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28927.00	106611.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	87.40	327.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87.40	327.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	51400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18587.40	52227.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18587.40	52227.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28927.00	106611.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28927.00	106111.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	87.40	327.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	87.40	327.70

**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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gyorgy Abel

Mailing Address Department of Lab Medicine
41 Mall Rd

City Burlington State MA Zip Code 01805

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

Name of Employer Lahey Clin Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 22 / 2016
Transaction ID : SA11AI.53960

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address Department of Pathology
801 S Washington St

City Naperville State IL Zip Code 60540-7430

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

Name of Employer Edward Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 11 / 2016
Transaction ID : SA11AI.53935

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. John W Bishop MD

Mailing Address UC Davis Medical Center
Dept of Medical Pathology

City Sacramento State CA Zip Code 95817

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

Name of Employer UC Davis Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 16 / 2016
Transaction ID : SA11AI.53943

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 7 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. Dr. David A Brinker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 7601 Osler Dr
 City Towson State MD Zip Code 21204-7700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : SA11AI.53926
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Heidi L Budke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1900 S Main St
 City Findlay State OH Zip Code 45840-1214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blanchard Valley Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : SA11AI.53927
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr. Robert F Carr Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Chaumont Dr
 City Villanova State PA Zip Code 19085-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Main Line Hospitals Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : SA11AI.53941
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 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. Dr. Victor Casas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Telegraph Hill Rd
 City State Zip Code
 Holmdel NJ 07733-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JFK Medical Center Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.53989
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Martha R Clarke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Bower Hill Rd
 City State Zip Code
 Pittsburgh PA 15243-1873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Clair Memorial Hospital 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 / 22 / 2016
Transaction ID : SA11AI.53962
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Dr. Karen M Clary MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1656 Champlin Ave
 City State Zip Code
 Utica NY 13502-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Centrex Clinical Laboratories Inc 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 / 31 / 2016
Transaction ID : SA11AI.53987
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 9 OF 25
(check only one)

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

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

A. Dr. Thomas J Cooper Jr MD
Full Name (Last, First, Middle Initial)
Mailing Address 5620 E El Parque St
City Long Beach State CA Zip Code 90815-4129
FEC ID number of contributing federal political committee. **C**
Name of Employer Unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt 03 / 09 / 2016
Transaction ID : SA11AI.53924
Amount of Each Receipt this Period 1200.00
 Memo Item

B. Dr. Paul G Ellerbeck MD
Full Name (Last, First, Middle Initial)
Mailing Address 250 Mercy Dr RM PO Box 731
City Dubuque State IA Zip Code 52004-0731
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.53955
Amount of Each Receipt this Period 250.00
 Memo Item

c. Dr. Mary Desiree Fiel-Gan MD
Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path 80 Seymour St
City Hartford State CT Zip Code 06102-5037
FEC ID number of contributing federal political committee. **C**
Name of Employer Hartford Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.53953
Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dr. Raymond B Franklin MD,PhD
Full Name (Last, First, Middle Initial)
Mailing Address 1414 Kuhl Ave
City Orlando State FL Zip Code 32806-2008
FEC ID number of contributing federal political committee. **C**
Name of Employer Adventist Bolingbrook Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 16 / 2016
Transaction ID : SA11AI.53944
Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. Cathy Lynn Freeman MD
Full Name (Last, First, Middle Initial)
Mailing Address 564 N Deer Creek Dr
City Vincennes State IN Zip Code 47591-6837
FEC ID number of contributing federal political committee. **C**
Name of Employer Unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.53947
Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. Michael Jean Goldfischer MD
Full Name (Last, First, Middle Initial)
Mailing Address Path Dept
30 Prospect Ave
City Hackensack State NJ Zip Code 07601-1914
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Univ Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 22 / 2016
Transaction ID : SA11AI.53963
Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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. Dr. John Peter Grabbe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1493 Cambridge St
 City Cambridge State MA Zip Code 02139-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cambridge Health Alliance Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 22 / 2016**
Transaction ID : SA11AI.53961
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr. C Joyce Greathouse MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Airport Rd
 City Panama City State FL Zip Code 32405-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.53908
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Dr. Emily Ann Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3936 19th St
 City San Francisco State CA Zip Code 94114-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Grant Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 12 / 2016**
Transaction ID : SA11AI.53937
 Amount of Each Receipt this Period **400.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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. Dr. Thomas S. Haas DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1000 Mineral Point Ave
 City Janesville State WI Zip Code 53548-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 24 / 2016**
Transaction ID : SA11AI.53967
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. Dr. Rasheed Hammadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Oakwood Dr
 City Westmont State IL Zip Code 60559-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Christ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 15 / 2016**
Transaction ID : SA11AI.53940
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Dr. Jason Paul Heese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 900 Illinois St
 City Stevens Point State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Michael's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.53985
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Linton L. Kuchler MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept. of Pathology
743 Spring St NE

City Gainesville State GA Zip Code 30501-3715

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

Name of Employer Northeast Georgia Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 07 / 2016
Transaction ID : SA11AI.53912

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr. Darlene M. Lee MD

Full Name (Last, First, Middle Initial)
Mailing Address 1200 N Beaver St

City Flagstaff State AZ Zip Code 86001-3118

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

Name of Employer Flagstaff Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
03 / 31 / 2016
Transaction ID : SA11AI.53978

Amount of Each Receipt this Period
1500.00

Memo Item

c. Dr. Debra G.B. Leonard MD,PhD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path and Lab Med
111 Colchester Ave Rm M1-113A

City Burlington State VT Zip Code 05405

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

Name of Employer Fletcher Allen Health Care Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 31 / 2016
Transaction ID : SA11AI.53979

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 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. Dr. Daniel David Mais MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 Lamont Ave
 City San Antonio State TX Zip Code 78209-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 21 / 2016
Transaction ID : SA11AI.53956
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Dr. Carlos A. Mattioli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S Bryan Rd
 City Mission State TX Zip Code 78572-6613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.53976
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Dr. Philip W Mcguire MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Hogan Ave
 City Chesterton State IN Zip Code 46304-9378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alverno Clinical Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11AI.53939
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Timothy R Mervak MD
 Full Name (Last, First, Middle Initial)
 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 Maine Medical Center-Bramhall Campus Occupation Pathologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11AI.53920
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. E. Raouf Nakhleh Dr.
 Full Name (Last, First, Middle Initial)
 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 St. Luke's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : SA11AI.53958
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Dr. Mary Susan Olney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Blackcherry Ln
 City Chapel Hill State NC Zip Code 27514-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lab Corp of America Occupation Pathologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : SA11AI.53931
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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. Dr. Nestor A. Pamatmat MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 N Seminary St
 City Galesburg State IL Zip Code 61401-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSF St. Mary Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 03 / 2016**
Transaction ID : SA11AI.53905
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Dr. Elpidio De Jesus Pena MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 Goddard Ave
 City Louisville State KY Zip Code 40204-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norton Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 15 / 2016**
Transaction ID : SA11AI.53938
 Amount of Each Receipt this Period **2000.00**
 Memo Item

C. Dr Richard D Plotz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 11th St
 City Providence State RI Zip Code 02906-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harvard Vanguard Med Associates Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 10 / 2016**
Transaction ID : SA11AI.53932
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Angelica Rocio Putnam MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
100 Mario Capecchi Dr

City State Zip Code
Salt Lake City UT 84113-1100

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

Name of Employer Occupation
Primary Childrens Medical Center Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 22 / 2016
Transaction ID : SA11AI.53959

Amount of Each Receipt this Period
300.00

Memo Item

B. Dr Mary J Reznicek MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
8901 W Lincoln Ave

City State Zip Code
West Allis WI 53227-2409

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

Name of Employer Occupation
ACL Labs Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 10 / 2016
Transaction ID : SA11AI.53930

Amount of Each Receipt this Period
250.00

Memo Item

c. Dr Dawson E Scarborough MD

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

City State Zip Code
Raleigh NC 27610-1231

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

Name of Employer Occupation
Wake Med Ctr Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 17 / 2016
Transaction ID : SA11AI.53949

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Suzanne M Selvaggi MD

Full Name (Last, First, Middle Initial)
Mailing Address Clinical Laboratories
600 Highland Ave

City Madison State WI Zip Code 53792-0001

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

Name of Employer Univ of Wisconsin Hosp & Clinics Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11AI.53942

Amount of Each Receipt this Period 1000.00

Memo Item

B. Dr. Mary Therese Uckerman MD

Full Name (Last, First, Middle Initial)
Mailing Address 7804 S County Line Rd

City Burr Ridge State IL Zip Code 60527-6914

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

Name of Employer Little Company of Mary Hospital & Heal Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2016
Transaction ID : SA11AI.53914

Amount of Each Receipt this Period 250.00

Memo Item

C. Dr. Mitchell Steven Wachtel MD

Full Name (Last, First, Middle Initial)
Mailing Address Path Dept School of Med
3601 4th Street

City Lubbock State TX Zip Code 79430-0001

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

Name of Employer Texas Tech Univ HSC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2016
Transaction ID : SA11AI.53954

Amount of Each Receipt this Period 500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dr. Louis D Wright Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 Church St
 City Mount Pleasant State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 09 / 2016**
Transaction ID : SA11AI.53922
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Dr. Richard Kenneth Yang MD,PhD,BS
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Highland Ave
 City Madison State WI Zip Code 53792-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Wisconsin Hosp & Clinics Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2016**
Transaction ID : SA11AI.53988
 Amount of Each Receipt this Period **500.00**
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	25200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : SB21B.53899

Amount of Each Disbursement this Period

41.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2016

Transaction ID : SB21B.53900

Amount of Each Disbursement this Period

45.50

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

87.40

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

87.40

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BUTTERFIELD FOR CONGRESS

Mailing Address P.O. BOX 2571

City WILSON State NC Zip Code 27894

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SB23.53884

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CONNOLLY FOR CONGRESS

Mailing Address 3706 PRADO PLACE

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : SB23.53897

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2016

Transaction ID : SB23.53893

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)..... ▶

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GRASSLEY COMMITTEE

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: IA District: 00

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SB23.53885

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SB23.53886

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: NC District: 08

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SB23.53887

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)..... ▶

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KIRK FOR SENATE

Mailing Address P.O. Box 2594

City CHICAGE State IL Zip Code 60690

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2016

Transaction ID : SB23.53894

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 2042

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: KS District: 02

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SB23.53888

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2016

Transaction ID : SB23.53895

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)..... ▶

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MORAN FOR KANSAS

Mailing Address P.O. BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : **SB23.53889**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: NY District: 20

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : **SB23.53898**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: OH District: 12

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : **SB23.53890**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST JOSEPH State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SB23.53892

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE FOR SENATE

Mailing Address PO BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SB23.53896

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

18500.00