

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) [X] NEW (N) [] 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) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 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 MM/DD/YYYY through MM/DD/YYYY 10/20/2016 through 11/28/2016

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

Type or Print Name of Treasurer Signature of Treasurer Misialek, Michael, , John, Dr. [Electronically Filed] Date MM/DD/YYYY 11/30/2016

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

**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="2016"/>		<input type="text" value="486810.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="408140.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18336.00"/>	<input type="text" value="206324.00"/>
(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="426476.44"/>	<input type="text" value="693134.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6673.40"/>	<input type="text" value="273331.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="419803.04"/>	<input type="text" value="419803.04"/>
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

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).....	12069.00	175929.00
(ii) Unitemized	6267.00	30395.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18336.00	206324.00
(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)	18336.00	206324.00
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)).....▶	18336.00	206324.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18336.00	206324.00

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	173.40	1121.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	173.40	1121.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	271710.00
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	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 (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)) ..	6673.40	273331.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6673.40	273331.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	18336.00	206324.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18336.00	205824.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	173.40	1121.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	173.40	1121.40

**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 17
	<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. Barksdale, Byron, L, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 500 W Leota St Ste 200
 City North Platte State NE Zip Code 69101-6578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Services PC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.54613
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cockerell, Clay, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cockerell Dermatopathology
 2110 Research Row Ste 100
 City Dallas State TX Zip Code 75235-7800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cockerell Dermatopathology Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 449.00

Date of Receipt 11 / 16 / 2016
Transaction ID : SA11AI.54643
 Amount of Each Receipt this Period 449.00
 Memo Item

C. English III, George, William, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 1002 Texas Blvd Ste 500
 City Texarkana State TX Zip Code 75501-5117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Services of Texarkana Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2016
Transaction ID : SA11AI.54630
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1049.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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. Gillespie, Alexandra, J., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 Beverly Dr
 City Dallas State TX Zip Code 75205-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PathAdvantage Associated Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 17 / 2016
Transaction ID : SA11AI.54654
 Amount of Each Receipt this Period 220.00
 Memo Item

B. 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 11 / 16 / 2016
Transaction ID : SA11AI.54653
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hoak, David, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3405
 City Spokane State WA Zip Code 99220-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Incyte Pathology-Spokane Valley Branch Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 24 / 2016
Transaction ID : SA11AI.54497
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	870.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<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. Hoshiko, Melvin, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6161 Gleneagles Cir
 City Huntington Beach State CA Zip Code 92648-5561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Beach Memorial Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2016
Transaction ID : SA11AI.54615
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hui, Anthony, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 390 E Longview St
 City Fayetteville State AR Zip Code 72703-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Arkansas Path Assc Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2016
Transaction ID : SA11AI.54657
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jones, S. N. Levi, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1102 W MacArthur St
 City Shawnee State OK Zip Code 74804-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Anthony Shawnee Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2016
Transaction ID : SA11AI.54579
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
<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. Klein, Kenneth, M., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 298 Summit St
 City Norwood State NJ Zip Code 07648-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2016
Transaction ID : SA11AI.54646
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Martinez-Torres, Guillermo, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8057 N Links Way
 City Fox Point State WI Zip Code 53217-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia St Mary's Hospital of Milwauk Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 28 / 2016
Transaction ID : SA11AI.54591
 Amount of Each Receipt this Period 1250.00
 Memo Item

c. Medina, Ana Maria, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Alton Rd Ste2400
 City Miami Beach State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2016
Transaction ID : SA11AI.54627
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<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. Mendoza, Adalberto, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Streeta Sabaneta Industrial Pa
 City Ponce State PR Zip Code 00716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molecular Med Corp Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 08 / 2016**
Transaction ID : SA11AI.54612
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nass, Lisa, Beth, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 8901 W Lincoln Ave
 City West Allis State WI Zip Code 53227-2409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACL Labs Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 17 / 2016**
Transaction ID : SA11AI.54655
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Oliai, Bahram, R, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address IHC Laboratory 1355 River Bend Dr
 City Dallas State TX Zip Code 75247-4915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Propath Lab Inc Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 12 / 2016**
Transaction ID : SA11AI.54628
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
<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. Omarzai, Yumna, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Alton Rd
 City Miami State FL Zip Code 33140-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.54605
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Pitts, William, Charles, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Sierra Path Lab PO Box 2130
 City Clovis State CA Zip Code 93613-2130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : SA11AI.54589
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Recine, Monica, Assunta, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 4300 Alton Rd
 City Miami State FL Zip Code 33140-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.54598
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
<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. Reyes, Victoria, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 192 Long Wharf Dr
 City Mystic State CT Zip Code 06355-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lawrence and Memorial Hospital 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
 11 / 14 / 2016
Transaction ID : SA11AI.54637
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Rone, Rene, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Villa Verde
 City San Antonio State TX Zip Code 78230-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Path Ref 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
 11 / 21 / 2016
Transaction ID : SA11AI.54656
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Ruby, Stephen, Gerard, Dr., MD,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Todor Ct
 City Burr Ridge State IL Zip Code 60527-8390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 4Path Ltd 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
 11 / 15 / 2016
Transaction ID : SA11AI.54639
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
<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. Siegel, Howard, L, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Pathology
 6701 N Charles St
 City Baltimore State MD Zip Code 21204-6808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Baltimore Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.54596
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Simonetti, Anthony, John, Dr., MD,MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10200 Commerce Pkwy
 City Miramar State FL Zip Code 33025-3938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2016
Transaction ID : SA11AI.54538
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Stastny, Janet, F, Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 Susannah St
 City Johnson City State TN Zip Code 37601-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Outpatient Cytopathology Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2016
Transaction ID : SA11AI.54634
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 17
<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. Vincentelli, Cristina, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
4300 Alton Rd Ste 2400

City Miami Beach State FL Zip Code 33140-2948

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

Name of Employer (for Individual) Emory University Hospital Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.54600

Amount of Each Receipt this Period 500.00

Memo Item

B. Walters, Leslie, L, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5604 Banister Ct

City Plano State TX Zip Code 75093-4227

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

Name of Employer (for Individual) Medical City Dallas Hospital Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2016
Transaction ID : SA11AI.54609

Amount of Each Receipt this Period 500.00

Memo Item

c. Zinterhofer, Louis, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path
300 2nd Ave

City Long Branch State NJ Zip Code 07740-6303

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

Name of Employer (for Individual) Monmouth Med Ctr Occupation (for Individual) Pathologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 16 / 2016
Transaction ID : SA11AI.54648

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	12069.00

**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"/> 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

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. Sun Trust Bank

Mailing Address P.O. Box 85024

City
Richmond

State
VA

Zip Code
23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2016			

FEC Identification Number

C []
Transaction ID : SB21B.54469
Amount of Each Disbursement this Period
[] **72.50** []

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 Moneris ACH Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C []
Transaction ID : SB21B.54468
Amount of Each Disbursement this Period
[] **41.90** []

Memo Item

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address P.O. Box 85024

City
Richmond

State
VA

Zip Code
23285

Purpose of Disbursement
SunTrust Account Analysis Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2016			

FEC Identification Number

C []
Transaction ID : SB21B.54467
Amount of Each Disbursement this Period
[] **59.00** []

Memo Item

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

[]	173.40	[]
-----	---------------	-----

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

[]	173.40	[]
-----	---------------	-----

**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"/> 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

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. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City
SCOTTSBLUFF

State
NE

Zip Code
69361

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C000412890

Transaction ID : SB23.54470

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City
SCOTTSBLUFF

State
NE

Zip Code
69361

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2016
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C000412890

Transaction ID : SB23.54476

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 831

City
MC LEAN

State
VA

Zip Code
22101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C000554261

Transaction ID : SB23.54472

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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. 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
10 / 21 / 2016

FEC Identification Number

C C00450049

Transaction ID : SB23.54474

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C C00441014

Transaction ID : SB23.54475

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C C00200584

Transaction ID : SB23.54477

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

6500.00