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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|   | or Other Than An Aut                                       | nonzea committee                         | Office Use Only                                       |
|---|--|--|---|
| NAME OF<br>COMMITTEE (in full)                              | TYPE OR PRINT ▼  | Example: If typing, type over the lines. | 12FE4M5   |
| College of American Pa                                      | athologists Political A                                    | Action Committee                         |   |
|   |  |  |   |
| ADDRESS (number and street)                                 | 1001 G Street NW   |  |   |
| ▼ Charle if different                                       | Suite 425 West   |  |   |
| Check if different than previously reported. (ACC)          | Washington   |  | DC 20001 -  |
| 2. FEC IDENTIFICATION NU                                    | MBER ▼ CIT   | Y 🛦                                      | STATE ▲ ZIP CODE ▲                                    |
| C C00274944   |  | S THIS NEW (N) OF                        | AMENDED (A)   |
| 4. TYPE OF REPORT (Choose One)                              | Report Due On:   | 20 (M2) May 20 (M<br>20 (M3) Jun 20 (M6  | (Non-Election<br>Year Only) Sep. 20 (M9) Dec 20 (M12) |
| (a) Quarterly Reports:                                      |  | 20 (M4) Jul 20 (M7                       | (Non-Election<br>Year Only)                           |
| April 15<br>Quarterly Report (Q                             | 1)   |  |   |
| July 15<br>Quarterly Report (Q                              | 2) (c) 12-Day PRE-Election Report for the:                 | Primary (12P)  Convention (12C)          | General (12G) Runoff (12R)  Special (12S)             |
| October 15 Quarterly Report (Q                              | ·  | GONVANIAGIN (120)                        | Spoolal (125)   |
| January 31<br>Year-End Report (Y                            | E) Electio   | on on                                    | in the State of                                       |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d) 30-Day POST-Election Report for the:                   | General (30G)                            | Runoff (30R) Special (30S)                            |
| Termination Report (TER)                                    | Electio  | on on                                    | in the State of                                       |
| 5. Covering Period 09                                       | 01 2018  | through 09                               | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y             |
| I certify that I have examined thi                          | s Report and to the best of<br>Konnick, Eric, , Dr., MD,MS | my knowledge and belief it is            | true, correct and complete.                           |
| Type or Print Name of Treasurer                             |  |  |   |
| Signature of Treasurer Konni                                | ick, Eric, , Dr., MD,MS                                    | [Electronically Filed]                   | Date 10 / 18 / 2018                                   |
| NOTE: Submission of false, errone                           | eous, or incomplete information                            | n may subject the person signing         | this Report to the penalties of 52 U.S.C. § 30109     |
| Office<br>Use   |  |  | FEC FORM 3X<br>Rev. 05/2016                           |

### 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: 09 01 2018 To: 09 30 2018

|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand January 1,  2018  |                         | 435671.14                         |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 449422.14               |                                   |
|     | (c) Total Receipts (from Line 19)  | 2800.00                 | 159955.00                         |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 452222.14               | 595626.14                         |
| 7.  | Total Disbursements (from Line 31)   | 28080.00                | 171484.00                         |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 424142.14               | 424142.14                         |
| 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 BY 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)

| ۸/rit۵ | ٥r | Type | Committee | Name    |
|--------|----|------|-----------|---------|
| /viite | ΟI | ivue | Commutee  | Ivallie |

### College of American Pathologists Political Action Committee

| Re  |  | 09 01 2018 To                 | : 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|-----|--|-------------------------------|---|
|     | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date             |
| 11. | Contributions (other than loans) From:   |                               |   |
|     | (a) Individuals/Persons Other  |                               |   |
|     | Than Political Committees (i) Itemized (use Schedule A)  | 2150.00                       | 144155.00                                     |
|     | (ii) Unitemized  | 650.00                        | 15800.00                                      |
|     | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)▶   | 2800.00                       | 159955.00                                     |
|     | (b) Political Party Committees   | 0.00                          | 0.00  |
|     | <ul><li>(c) Other Political Committees</li><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul> | 0.00                          | 0.00  |
|     | 11(a)(iii), (b), and (c)) (Carry   |                               |   |
| 12  | Totals to Line 33, page 5)  Transfers From Affiliated/Other  | 2800.00                       | 159955.00                                     |
| 12. | Party Committees   | 0.00                          | 0.00  |
| 13. | All Loans Received   | 0.00                          | 0.00  |
|     | Loan Repayments Received   | 0.00                          | 0.00  |
| 15. | Offsets To Operating Expenditures  |                               |   |
|     | (Refunds, Rebates, etc.)   | 0.00                          | 0.00  |
| 16  | (Carry Totals to Line 37, page 5)  | 0.00                          | 0.00  |
| 10. | to Federal Candidates and Other  |                               |   |
|     | Political Committees   | 0.00                          | 0.00  |
| 17. | Other Federal Receipts   | 4 4                           | 4 4   |
|     | (Dividends, Interest, etc.)  | 0.00                          | 0.00  |
| 18. | Transfers from Non-Federal and Levin Fund  |                               | 4 4   |
|     | (a) Non-Federal Account  |                               |   |
|     | (from Schedule H3)   | 0.00                          | 0.00  |
|     |  | 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  |
| 10  | Total Receipts (add Lines 11(d),   |                               |   |
| 10. | 12, 13, 14, 15, 16, 17, and 18(c))▶  | 2800.00                       | 159955.00                                     |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶   | 2800.00                       | 159955.00                                     |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

|                             | II. Disbursements  | COLUMN A<br>Total This Period | Colondar Voar to Date |
|-----------------------------|--|-------------------------------|-----------------------|
| 21. Operating Expenditures: |  | iotai iilis Feliuu            | Calendar Year-to-Date |
|                             | (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  | 20.00                         | 504.00                |
|                             | Expenditures   | 80.00                         | 534.00                |
|                             | (c) Total Operating Expenditures                                       | 80.00                         | 534.00                |
|                             | (add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party | 80.00                         | 334.00                |
|                             | Committees   | 0.00                          | 0.00                  |
|                             | Contributions to   | 4 4                           |                       |
|                             | Federal Candidates/Committees and Other Political Committees           | 28000.00                      | 170950.00             |
|                             | Independent Expenditures   | 4 4                           | 4 4                   |
|                             | (use Schedule E)<br>Coordinated Party Expenditures                     | 0.00                          | 0.00                  |
|                             | (52 U.S.C. § 30116(d))   |                               |                       |
|                             | (use Schedule F)   | 0.00                          | 0.00                  |
|                             | Loop Donovmente Mede   | 0.00                          |                       |
|                             | Loan Repayments Made   | 0.00                          | 0.00                  |
|                             | Loans Made   | 0.00                          | 0.00                  |
|                             | Refunds of Contributions To:   | 0.00                          | 0.00                  |
|                             | (a) Individuals/Persons Other Than Political Committees                | 0.00                          | 0.00                  |
|                             |  | 0.00                          | 0.00                  |
|                             | (b) Political Party Committees   | 0.00                          | 0.00                  |
|                             | (c) Other Political Committees   | 4 4                           |                       |
|                             | (such as PACs)   | 0.00                          | 0.00                  |
|                             | (d) Total Contribution Refunds   |                               | 45 1 45               |
|                             | (add Lines 28(a), (b), and (c))▶                                       | 0.00                          | 0.00                  |
|                             | Other Disbursements (Including   |                               |                       |
|                             | Non-Federal Donations)   | 0.00                          | 0.00                  |
|                             |  | 0.00                          | 45 45 45              |
|                             | Federal Election Activity (52 U.S.C. § 30101(2                         | 0))                           |                       |
|                             | (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                                     | 0.00                          | 0.00                  |
|                             | Entirely With Federal Funds  | 0.00                          | 0.00                  |
|                             | (c) Total Federal Election Activity (add                               | 0.00                          | 0.00                  |
|                             | Lines 30(a)(i), 30(a)(ii) and 30(b))                                   | 0.00                          | 0.00                  |
|                             | •  | 4 4                           | 5.00                  |
|                             | Total Disbursements (add Lines 21(c), 22,                              |                               |                       |
|                             | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                               | 28080.00                      | 171484.00             |
|                             |  | 4 2000.00                     | 4 4 4                 |
|                             | Total Federal Disbursements  |                               |                       |
|                             | (subtract Line 21(a)(ii) and Line 30(a)(ii)                            |                               |                       |
|                             | from Line 31)  | 28080.00                      | 171484.00             |

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 2800.00 159955.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 159955.00 2800.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 80.00 534.00 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 80.00 534.00 (subtract Line 37 from Line 36) ......

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

Use separate schedule(s)

| F  | ЭR | LINE    | NU | <b>MBER</b> | : | PAGE | 6  | OF | 14 | 1 |
|----|----|---------|----|-------------|---|------|----|----|----|---|
| (c | he | ck only | or | ıe)         |   |      |    |    |    |   |
|    | X  | 11a     |    | 11b         |   | 11c  | 12 | 2  |    |   |
|    |    | 13      |    | 14          |   | 15   | 16 | 6  | 1  | 7 |

for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Cadoff, Evan, M., Dr., MD Date of Receipt Mailing Address 2 Woodlawn Ave 2018 City Zip Code State Transaction ID: SA11AI.56635 NY New Rochelle 10804-4619 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Montefiore Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Olson, John, D, Dr., MD, PhD Date of Receipt Mailing Address 13238 Hunters View St 15 2018 City State Zip Code Transaction ID: SA11AI.56636 TX San Antonio 78230-2032 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UT HIth Science Ctr San Antonio Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pasche, Lezlee, , Dr., MD Date of Receipt Mailing Address 1450 S Jersey Way 26 2018 City Zip Code State Transaction ID: SA11AI.56647 CO Denver 80224-1937 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) APP-UniPath LLC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

| FC  | FOR LINE NUMBER:   PAGE 7 OF |         |    |     |  |     |  | 14 |  |    |
|-----|------------------------------|---------|----|-----|--|-----|--|----|--|----|
| (cł | nec                          | ck only | or | ne) |  |     |  |    |  |    |
|     | X                            | 11a     |    | 11b |  | 11c |  | 12 |  |    |
|     |                              | 13      |    | 14  |  | 15  |  | 16 |  | 17 |

ITEMIZED RECEIPTS for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Patalas, Eva, D, Dr., MD Date of Receipt Mailing Address 596 Pleasant St 2018 City Zip Code State Transaction ID: SA11AI.56643 MA **Belmont** 02478-2504 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wagar, Elizabeth, A, Dr., MD Date of Receipt Mailing Address Dept of Lab Med Unit 24 09 05 2018 1515 Holcombe Blvd City State Zip Code Transaction ID: SA11AI.56631 TX Houston 77030-4009 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UTMD Anderson Cancer Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional).....

2150.00

#### S 17

| Dispursement   Dis    | SCHEDULE B (FEC Form 3X)                         | 11-                 |                   | , TOTT EINE NOMBETT. |                  |              |           | 14                        |        |  |
|--|--|---------------------|-------------------|----------------------|------------------|--------------|-----------|---------------------------|--------|--|
| Detailed Summary Page  | ITEMIZED DISBURSEMENTS                           |                     |                   | (CITCCIX             |                  |              |           | 07                        |        |  |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee  NAME OF COMMITTEE (in Pull)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middel Initial)  A. Sun Trust Bank  Mailing Address P.O. Box 85024  City Richmon Purpose of Disbursement Sep-18 Acct Analysis Fee Candidate Name  Category/ Type  President State: District:  Full Name (Last, First, Middel Initial)  B.  Date of Disbursement  Sep-18 Acct Analysis Fee Candidate Name  Category/ Type  TeC Identification Number  College of Disbursement  Sep-18 Acct Analysis Fee Candidate Name  Category/ Type  TeC Identification Number  College of Disbursement  Sep-18 Acct Analysis Fee Candidate Name  Category/ Type  TeC Identification Number  College of Disbursement  Tell Name (Last, First, Middle Initial)  B.  Date of Disbursement  B.  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  B.  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name (Last, First, Middle Initial)  Date of Disbursement  Tell Name   |  |                     |                   |                      |                  |              |           |                           |        |  |
| 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 VA 23285  Purpose of Disbursement Span 18 Act Analysis Fee Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B. Sultate:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  District  Full Name (Last, First, Middle Initial)  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  Office Sought:  Mailing Address  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  State:  District  Full Name (Last, First, Middle Initial)  City  Amount of Each Disbursement this Period  FEC Identification Number  City  Amount of Each Disbursement this Period  Memo Item  Memo Item  Mailing Address  City  Amount of Each Disbursement this Period  FEC Identification Number  City  Amount of Each Disbursement this Period  FEC Identification Number  City  Amount of Each Disbursement this Period  FEC Identification Number  City  Amount   | Any information conied from such Reports and Sta | l<br>tements may    | not be sold or us |                      |                  |              |           |                           |        |  |
| College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. Sun Trust Bank  Mailing Address P.O. Box 85024  City State Zip Code Richmond Purpose of Disbursement VA 23285  Purpose of Disbursement Persident District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Disbursement District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City State Disbursement Por:  Candidate Name Category/ Type  Office Sought: House President Disbursement For:  Candidate Name Category/ Office Sought: House Disbursement For:  Candidate Name Category/ Office Sought: House President District:  Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Candidate Name Category/ Office Sought: House President District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For:  Sanate President Disbursement For:  Sonate Primary General Primar |  |                     |                   |                      |                  |              |           |                           |        |  |
| Full Name (Last, First, Middle Initial)  A Sun Trust Bank  Mailing Address P.O. Box 85024  City State  |  |                     |                   |                      |                  |              |           |                           |        |  |
| A. Sun Trust Bank  Mailing Address P.O. Box 85024  City  | College of American Pathologists                 | Politica            | I Action Com      | mittee               |                  |              |           |                           |        |  |
| City Richmond VA Z018  City Richmond VA Z0285  Purpose of Disbursement Sep-18 Acrt Analysis Fee  Candidate Name  Category'  City State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City Senate President Other (specify)  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Transaction ID: SB218.56610  Transaction ID: SB218.56610  Transaction ID: SB218.56610  Amount of Each Disbursement this Period  Transaction ID: SB218.56610  Transaction ID:  | _  |                     |                   |                      | Б.               | ( D: 1       |           |                           |        |  |
| Mailing Address P.O. Box 85024  City Purpose of Disbursement State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City Purpose of Disbursement Candidate Name  City  Mailing Address  City  Mailing Address  City  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  Category/ Category/ Type  FEC Identification Number  Category/ Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  Category/ Amount of Each Disbursement this Period  FEC Identification Number  Category/ Amount of Each Disbursement this Period  FEC Identification Number  Category/ Amount of Each Disbursement this Period  FEC Identification Number  Category/ Amount of Each Disbursement this Period  FEC Identification Number  Category/ Amount of Each Disbursement this Period  Category/  Date of Disbursement  Candidate Name  City  FEC Identification Number  Category/ Amount of Each Disbursement this Period  FEC Identification Number  Category/  Category/  Amount of Each Disbursement this Period  Marino Item  SubtotAL of Disbursement this Period  District:  SubtotAL of Disbursements This Page (optional)   | A. Sun Trust Bank                                |                     |                   |                      | Date             |              |           | V V V                     |        |  |
| Richmond   | Mailing Address P.O. Box 85024                   |                     |                   |                      | 09               |              |           |                           |        |  |
| Purpose of Disbursement Sep-18 Acct Analysis Fee Candidate Name Office Sought: House Senate Primary General Disbursement For: State: District: Full Name (Last, First, Middle Initial) B.  Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Disbursement Candidate Name Office Sought: House Senate Primary General Disbursement Candidate Name Office Sought: President Disbursement For: Senate Primary General Disbursement Category/ Type  Office Sought: House Senate Primary General Disbursement Category/ Type  Office Sought: President Disbursement Category/ Type  Office Sought: House Senate Primary General Disbursement Candidate Name Office Sought: House Primary General Disbursement Candidate Name Office Sought: House Primary General Disbursement Candidate Name Office Sought: House Primary General Disbursement Category/ Type  Memo Item  FEC Identification Number Category/ Type  Amount of Each Disbursement Category/ Type  Memo Item  Substoral Disbursement This Period  | •  | 1                   |                   |                      | FEC I            | dentificatio | n Number  |                           |        |  |
| Sep-18 Acct Analysis Fee Candidate Name Office Sought: House President President President Office Sought: Senate President Office Sought: Senate President Office Sought: Senate President Office Sought: House Office Sought: President Office Sought: President Office Sought: State Disbursement For: Senate President Office Sought: Senat |  | VA                  | 23285             |                      |                  |              | -         |                           |        |  |
| Cardidate Name  Office Sought: House State: District:   Primary General President State: District:   District:   District:   District:   District:   District:   District:   District:   District:   Date of Disbursement   Date of D | •  |                     |                   |                      |                  |              | ID ODG4   | D. 50040                  |        |  |
| Office Sought: House Senate Primary General Other (specify)  Memo Item    Senate President State: District:   Senate President State: District:   State   Senate Primary General Other (specify)    Memo Item   Memo Item  | Candidate Name                                   |                     |                   | Category             |                  |              | _         |                           | od     |  |
| Senate President Other (specify)    State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  |  |                     |                   |                      |                  |              |           | 00.00                     | $\neg$ |  |
| State: District: Other (specify)   Full Name (Last, First, Middle Initial)  B. Date of Disbursement  City State Zip Code FEC Identification Number  Candidate Name Cast, First, Middle Initial)  Candidate Name Castegory/ Type  Office Sought: House Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. Category/ Type  Other (specify)  State Zip Code FEC Identification Number  Category/ Type  Other (specify)  Amount of Each Disbursement this Period  Tother (specify)  Date of Disbursement  Category/ Type  Office Sought: State Zip Code FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: General Primary General Prim |  | _                   | Conoral           |                      |                  | -            |           | 80.00                     |        |  |
| State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City   |  |                     |                   |                      |                  | lamac U      |           |                           |        |  |
| Mailing Address  City  | State: District:                                 |                     | , ·               |                      | l l              | iemo item    |           |                           |        |  |
| City   |  |                     |                   |                      |                  |              |           |                           |        |  |
| City Purpose of Disbursement Candidate Name  Category/ Office Sought: House Senate Primary General Other (specify)  Fell Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  City State Zip Code Purpose of Disbursement  Candidate Name  Condidate Name  City State Zip Code Purpose of Disbursement  Candidate Name  Condidate Name  Namount of Each Disbursement this Period  Memo Item  Substortal of Disbursements This Page (optional)   | В.   |                     |                   |                      | Date             | of Disburs   |           |                           |        |  |
| City   | Mailing Address                                  |                     |                   |                      |                  | M / D        | D / Y     | YYYY                      |        |  |
| Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Other (specify)  Memo Item  FEC Identification Number Category/ Type  Other (specify)  Memo Item  State: District: Memo Item  State: District: Memo Item  State: District: Memo Item  Substate: District: Memo Item  Substate: District: Memo Item  Substate: District: Memo Item  |  |                     |                   |                      |                  | 1            |           |                           |        |  |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrotal of Disbursements This Page (optional)  | City   | City State Zip Code |                   |                      |                  |              |           | FEC Identification Number |        |  |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrotal of Disbursements This Page (optional)  | Purpose of Disbursement                          |                     |                   |                      |                  | • • •        |           |                           |        |  |
| Office Sought: House Senate Primary General Primary General Disbursement For:    Senate President District:   District:   Date of Disbursement   Date of Date  |  |                     |                   | 1                    |                  |              |           |                           |        |  |
| Office Sought:   | Candidate Name                                   |                     |                   |                      | Amou             | nt of Each   | Disbursem | nent this Perio           | od     |  |
| Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify)   Senate Primary General Memo Item  State: District:  Subtotal Disbursement For:  Senate Primary General Memo Item  State: District: Memo Item  | Office Sought: House Disburg                     | sement For          |                   |                      |                  |              |           |                           | $\neg$ |  |
| State: District: Other (specify)  Memo Item  Date of Disbursement  Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Primary General Other (specify)   State: District: Memo Item  Substrate Other (specify)   Substrate Disbursement For: Senate Primary General Other (specify)   State: District: Memo Item  80.00   |  | _                   | General           |                      |                  | 7            | 7         |                           | _      |  |
| State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substate: District: Mailing Address  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  80.00   | President  |                     |                   |                      |                  | lemo Item    |           |                           |        |  |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Primary General President State: District:  Substortal of Disbursements This Page (optional)  |  | _                   |                   |                      | L "              | ionio itoni  |           |                           |        |  |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)  | · · · · · · · · · · · · · · · · · · ·            |                     |                   |                      | Date             | of Dishure   | ement     |                           |        |  |
| City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitute State   Disbursement For: Senate   Primary General   Memo Item   Memo Item   Substitute    | <b>.</b>   |                     |                   |                      |                  |              |           | TY TY TY                  |        |  |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substrict: Memo Item  80.00   | Mailing Address                                  | Mailing Address     |                   |                      |                  |              |           |                           |        |  |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)  | City   | State               | Zip Code          |                      | FEC I            | dentificatio | n Number  |                           |        |  |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)   | Purpose of Disbursement                          |                     |                   |                      |                  |              |           |                           |        |  |
| Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)  |  |                     |                   |                      |                  |              |           |                           |        |  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)  | Candidate Name                                   | Category/           |                   |                      |                  |              | Disbursem | nent this Perio           | od     |  |
| State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)  | Office Sought: House Disburs                     | sement For:         | I                 | 71                   | $\exists \mid :$ | 1 75 1       | 1 45      |                           |        |  |
| State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)   |  |                     |                   |                      |                  |              |           |                           |        |  |
| SUBTOTAL of Disbursements This Page (optional)   |  | Other (sp           | ecify) 🔻          |                      | l N              | lemo Item    |           |                           |        |  |
| 30 00  | Side. District.                                  |                     |                   |                      |                  |              |           |                           | _      |  |
| 20.00  | SUBTOTAL of Disbursements This Page (optional    | )                   |                   | 1                    |                  |              |           | 80.00                     |        |  |
|  |  |                     |                   | <u>'</u>             | - =              | ,            | ,         | 00.00                     | 一      |  |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                           | (s) FOR LINE NUMBER: PAGE 9 OF (check only one) |  |  |  |
|---|--|---|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page  | 21b<br>28a                                      | one) 22 <b>x</b> 23 26 27 28b 28c 29 30b   |  |  |
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| NAME OF COMMITTEE (In Full)  College of American Pathologists F   |  |   |  |  |  |
| Full Name (Last, First, Middle Initial)  A. ANDY HARRIS FOR CONGRESS                                      |  |   | Date of Disbursement   |  |  |
| Mailing Address 617 E. CUSTIS AVE   |  |   | 09 28 2018   |  |  |
| City ALEXANDRIA Purpose of Disbursement   | State Zip Code<br>VA 22301                         |   | FEC Identification Number  |  |  |
| Candidate Name  |  | Category/                                       | C C00435974  Transaction ID : SB23.56628  Amount of Each Disbursement this Period        |  |  |
| Senate  | nent For: 2018  Primary   General  Other (specify) | Туре  | 1000.00 Memo Item  |  |  |
| Full Name (Last, First, Middle Initial)  B. BRADY FOR CONGRESS  Mailing Address C/O EPIPHANY PRODUCTIONS  |  |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                        |  |  |
| ,   | State Zip Code VA 22301                            |   | FEC Identification Number  |  |  |
| Purpose of Disbursement  Candidate Name   |  | Category/<br>Type                               | C C00311043  Transaction ID: SB23.56616  Amount of Each Disbursement this Period         |  |  |
| Senate  | nent For: 2018 Primary                             | 71.   | 2500.00<br>Memo Item   |  |  |
| Full Name (Last, First, Middle Initial)  DR RAUL RUIZ FOR CONGRESS  | Full Name (Last, First, Middle Initial)            |   |  |  |  |
| Mailing Address C/O AMY STRATHDEE,<br>P.O. BOX 15096  |  |   | 09 28 2018   |  |  |
| City SWASHINGTON Purpose of Disbursement  | State Zip Code 20003                               |   | FEC Identification Number  C C00502575  Transaction ID : SB23.56629                      |  |  |
| Candidate Name  |  | Category/<br>Type                               | Amount of Each Disbursement this Period  |  |  |
| Senate  | nent For: 2018  Primary                            |   | 1000.00  Memo Item   |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |  | <u>-</u>  | 4500.00  |  |  |

| SCHEDULE B (FEC Form 3X)  | Har are seen and the seen as a | FOR LINE NUMBER: PAGE 10 OF  |  |  |  |  |
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| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the  | (check only one) 21b 22 <b>X</b> 23 26 27                                      |  |  |  |  |
|   | Detailed Summary Page  | 21b 22 <b>x</b> 23 26 27 28a 28b 28c 29 30b                                    |  |  |  |  |
| Any information copied from such Reports and Statem             | nents may not be sold or used  | by any person for the purpose of soliciting contributions                      |  |  |  |  |
|   |  | committee to solicit contributions from such committee.                        |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                     |  |  |  |  |  |  |
| College of American Pathologists F                              | Political Action Comm  | ittee  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                         |  | Date of Diskursament   |  |  |  |  |
| A. ENGEL FOR CONGRESS   |  | Date of Disbursement   |  |  |  |  |
| Mailing Address 38 IVY STREET, SE                               |  | 09 / 05 / 2018   |  |  |  |  |
| ,   | State Zip Code   | FEC Identification Number  |  |  |  |  |
| WASHINGTIN Purpose of Disbursement                              | DC 20003   | 0 2000000  |  |  |  |  |
| r dipose of bisbursement  | I I  | C C00236513  |  |  |  |  |
| Candidate Name  | -  | Transaction ID : SB23.56611  Category/ Amount of Each Disbursement this Period |  |  |  |  |
| Office Courbby   House  |  | Type 2500.00   |  |  |  |  |
|   | nent For: 2018  Primary <b>x</b> General   | 2300.00  |  |  |  |  |
|   | Other (specify) $\blacktriangledown$   | Memo Item  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                         |  |  |  |  |  |  |
| B. GUTHRIE FOR CONGRESS   |  | Date of Disbursement   |  |  |  |  |
| Mailing Address 499 SOUTH CAPITOL STREET, S<br>SUITE 420        | W  | 09 26 2018   |  |  |  |  |
| ,   | State Zip Code<br>DC 20003   | FEC Identification Number  |  |  |  |  |
| Purpose of Disbursement   | 20003  | C C00445023  |  |  |  |  |
|   |  | Transaction ID : SB23.56620  |  |  |  |  |
| Candidate Name  |  | Category/ Amount of Each Disbursement this Period                              |  |  |  |  |
| Office Sought: 🙀 House Disbursem                                | nent For: 2018   | Type 1000.00   |  |  |  |  |
|   | Primary <b>x</b> General   |  |  |  |  |  |
| <u> </u>  | Other (specify)  | Memo Item  |  |  |  |  |
| State: KY District: 02  Full Name (Last, First, Middle Initial) |  |  |  |  |  |  |
| C. HOYER'S MAJORITY FUND  |  | Date of Disbursement   |  |  |  |  |
| Matter Address 100 00 UTU 01 DITO 07 DTTT 0                     |  | M - M / D - D / Y - Y - Y - Y  |  |  |  |  |
| Mailing Address 499 SOUTH CAPITOL STREET, St                    | VV   | 09 26 2018   |  |  |  |  |
|   | State Zip Code   | FEC Identification Number  |  |  |  |  |
| WASHINGTON Purpose of Disbursement                              | DC 20003   | C C00140715  |  |  |  |  |
|   |  | C C00140715  Transaction ID : SB23.56621                                       |  |  |  |  |
| Candidate Name  | Category   |  |  |  |  |  |
| Office Sought:  House Disbursem                                 | nent For: 2018   | Type 1500.00   |  |  |  |  |
| Senate  | Primary General  |  |  |  |  |  |
|   | Other (specify) ▼  | Memo Item  |  |  |  |  |
| State: MD District: 05  | OTHER  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                  |  | 5000.00  |  |  |  |  |
| TOTAL This Period (last page this line number only).            |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 11 (check only one) |  |  |  |  |
|---|---|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | (check only<br>21b<br>28a                 | one) 22 <b>X</b> 23 26 27 28b 28c 29 30b |  |  |  |
| Any information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |   |   |  |  |  |  |
| NAME OF COMMITTEE (In Full)   | ,,  |   |  |  |  |  |
| College of American Pathologists F  | Political Action Comm                             | nittee                                    |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. LOEBSACK FOR CONGRESS   |   |   | Date of Disbursement                     |  |  |  |
| A. LOEBSACK FOR CONGRESS  |   |   | M M / D D / Y Y Y Y                      |  |  |  |
| Mailing Address 228 2ND STREET, SE  |   |   | 09 26 2018                               |  |  |  |
| ,   | State Zip Code                                    |   | FEC Identification Number                |  |  |  |
| WASHINGTON Purpose of Disbursement  | DC 20003  |   |  |  |  |  |
| Purpose of Disbursement   |   |   | C C00414318                              |  |  |  |
| Candidate Name  |   |   | Transaction ID : SB23.56622              |  |  |  |
| Candidate Name  |   | Category/<br>Type                         | Amount of Each Disbursement this Period  |  |  |  |
| Office Sought: House Disbursen  | nent For: 2018                                    | Туре                                      | 3000.00                                  |  |  |  |
|   | Primary   |   | 7 7 7                                    |  |  |  |
| President   | Other (specify) ▼                                 |   | Memo Item                                |  |  |  |
| State: IA District: 02  |   |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |   | 5  |  |  |  |
| B. MCKINLEY FOR CONGRESS  |   |   | Date of Disbursement                     |  |  |  |
| Mailing Address C/O CAROLE GOEAS & ASSOC 1707 PRINCE ST, #5   |   | 09 05 2018                                |  |  |  |  |
|   | State Zip Code                                    |   | FEC Identification Number                |  |  |  |
| ALEXANDRIA Purpose of Disbursement  | VA 22314  |   |  |  |  |  |
| Fulpose of Dispulsement   |   |   | C C00473132                              |  |  |  |
| Candidate Name  |   |   | Transaction ID : SB23.56612              |  |  |  |
|   |   | Category/<br>Type                         | Amount of Each Disbursement this Period  |  |  |  |
| Office Sought:     House   Disbursen  | nent For: 2018                                    | 71  | 1000.00                                  |  |  |  |
| Senate  | Primary General                                   |   | 4 4                                      |  |  |  |
|   | Other (specify)                                   |   | Memo Item                                |  |  |  |
| State: WV District: 01  Full Name (Last, First, Middle Initial)   |   |   |  |  |  |  |
| C. MCNERNEY FOR CONGRESS  |   |   | Date of Disbursement                     |  |  |  |
| Mailing Address PO BOX 690371   |   |   | 09 05 2018                               |  |  |  |
| City  | State Zip Code                                    |   | FFO Harriston N. J.                      |  |  |  |
| STOCKTON  | CA 95269  |   | FEC Identification Number                |  |  |  |
| Purpose of Disbursement   |   |   | C C00398644                              |  |  |  |
|   |   |   | Transaction ID : SB23.56613              |  |  |  |
| Candidate Name  |   | Category/                                 | Amount of Each Disbursement this Period  |  |  |  |
| Office Squaht: House Bishings   | nont For: Code                                    | Туре                                      | 3500.00                                  |  |  |  |
|   | nent For: 2018 Primary 🗶 General                  |   | 3300.00                                  |  |  |  |
| President   | Primary   |   | п  |  |  |  |
| State: CA District: 09  | (opconj/ ▼  |   | Memo Item                                |  |  |  |
| 5 5 50  |   |   |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   |   | 7500.00                                  |  |  |  |
|   |   |   |  |  |  |  |
| TOTAL This Period (last page this line number only)   |   |   |  |  |  |  |

| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)  | (s) FOR LINE NUMBER: PAGE 12 (check only one) |  |  |  |  |
|--|---|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page               | 21b<br>28a                                    | one) 22 <b>x</b> 23 26 27 28b 28c 29 30b   |  |  |  |
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| NAME OF COMMITTEE (In Full)  College of American Pathologists P  |   |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. MIKE BISHOP FOR CONGRESS   |   |   | Date of Disbursement   |  |  |  |
| Mailing Address P.O. BOX 16240   |   |   | 09 26 2018   |  |  |  |
| LANSING  | State Zip Code<br>MI 48901                                      |   | FEC Identification Number  |  |  |  |
| Purpose of Disbursement  Candidate Name  |   | Category/                                     | C C00561001  Transaction ID : SB23.56623  Amount of Each Disbursement this Period        |  |  |  |
| Senate President   | nent For: 2018  Primary   | Type  | 1000.00<br>Memo Item   |  |  |  |
| State: MI District: 08  Full Name (Last, First, Middle Initial)  B. MIKE KELLY FOR CONGRESS  Mailing Address C/O H2 CAPITAL CONSULTING 325 7TH ST, SUITE 400 |   |   | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |  |  |  |
| WASHINGTON   | City State Zip Code   |   |  |  |  |  |
| Purpose of Disbursement  Candidate Name  |   | Category/<br>Type                             | C C00474189  Transaction ID: SB23.56624  Amount of Each Disbursement this Period         |  |  |  |
| Senate President   | nent For: 2018 Primary  |   | 1000.00  Memo Item   |  |  |  |
| Full Name (Last, First, Middle Initial)  ROB WITTMAN FOR CONGRESS  | Full Name (Last, First, Middle Initial)                         |   |  |  |  |  |
| Mailing Address 611 PENNSYLVANIA AVE, SE #396  |   |   | 09 26 / 2018   |  |  |  |
| ,  | State Zip Code<br>DC 20003                                      |   | FEC Identification Number  C C00441014  Transaction ID : SB23.56625                      |  |  |  |
| Candidate Name   | Category/<br>Type   | Amount of Each Disbursement this Period       |  |  |  |  |
| Senate   | nent For: 2018 Primary   General Other (specify) ▼              |   | 2000.00<br>Memo Item   |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |   |   | 4000.00  |  |  |  |
| TOTAL This Period (last page this line number only).   |   |   |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 13 OF  |
|---|---|--|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | (check only one)       21b     22     X     23     26     27       28a     28b     28c     29     30b            |
|   |   | by any person for the purpose of soliciting contribution committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |   |  |
| College of American Pathologists P                                  | Political Action Comm                             | ittee  |
| Full Name (Last, First, Middle Initial)  A. SCALISE LEADERSHIP FUND |   | Date of Disbursement   |
| A. SCALISE LEADERSHIP FUND  | M M / D D / Y Y Y Y                               |  |
| Mailing Address 317 15TH ST NE                                      |   | 09 05 2018   |
| · · · · · · · · · · · · · · · · · · ·                               | State Zip Code DC 20002                           | FEC Identification Number  |
| WASHINGTON Purpose of Disbursement                                  | DC 20002  |  |
| r dipose or bisbursement  | 1   | C C00568162  |
| Candidate Name  |   | Transaction ID : SB23.56615  |
|   |   | Category/ Amount of Each Disbursement this Peri  |
| Office Sought: House Disbursen                                      | nent For: 2018                                    | 1000.00  |
| Senate  | Primary General                                   |  |
| President <b>x</b>  | Other (specify) ▼                                 | Memo Item  |
| State: District:  | OTHER   | <u> </u>   |
| Full Name (Last, First, Middle Initial)                             |   |  |
| 3. SCHAKOWSKY FOR CONGRESS  |   | Date of Disbursement   |
| Mailing Address P.O. BOX 5130                                       |   | 09 28 2018   |
| City  | State Zip Code                                    | FEC Identification Number  |
| EVANSTON  | IL 60204  | TEC Identification Number  |
| Purpose of Disbursement   | l r   | C C00327023  |
| Candidate Name  |   | Transaction ID : SB23.56630  |
| Candidate Name  |   | Category/ Amount of Each Disbursement this Peri  |
| Office Sought:     House   Disbursem                                | nent For: 2018                                    | 2500.00  |
|   | Primary <b>x</b> General                          |  |
|   | Other (specify)                                   | Mama Ham   |
| State: IL District: 09  |   | Memo Item  |
| Full Name (Last, First, Middle Initial)                             |   |  |
| C. STABENOW FOR US SENATE   |   | Date of Disbursement   |
|   | M M / D D / Y Y Y Y                               |  |
| Mailing Address C/O THE SELDON GRP 328 MASSACHUESETT AVE NE         |   | 09 05 2018   |
|   | state Zip Code                                    |  |
|   | DC 20002  | FEC Identification Number  |
| Purpose of Disbursement   |   | C C00344473  |
|   |   | Transaction ID : SB23.56614  |
| Candidate Name  |   | Category/ Amount of Each Disbursement this Peri  |
| Office Country  |   | Type 1000.00   |
|   | nent For: 2018                                    | 1000.00  |
|   | Primary <b>∡</b> General Other (specify) ▼        |  |
| State: MI District: 00  | (opoon)/ ▼  | Memo Item  |
| = 00  |   |  |
| SUBTOTAL of Disbursements This Page (optional)                      |   | 4500.00  |
|   |   |  |
| TOTAL This Period (last page this line number only).                |   |  |

| Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  College of American Pathologists  Full Name (Last, First, Middle Initial)  A. STEVE FERRARA FOR CONGRIMATION Mailing Address PO BOX 97130  City PHOENIX Purpose of Disbursement | for each of Detailed Sements may not me and address | ess of any political | I committee to    | 22 <b>X</b> 23 26 27 30b 28c 29 30b 20 for the purpose of soliciting contributions |  |
|---|---|----------------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full)  College of American Pathologists  Full Name (Last, First, Middle Initial)  STEVE FERRARA FOR CONGRI  Mailing Address PO BOX 97130  City PHOENIX  | Political A   | ess of any political | I committee to    | solicit contributions from such committee.   |  |
| College of American Pathologists  Full Name (Last, First, Middle Initial)  STEVE FERRARA FOR CONGRI  Mailing Address PO BOX 97130  City PHOENIX   | ESS   | Action Comm          | nittee            | Date of Disbursement   |  |
| Full Name (Last, First, Middle Initial)  STEVE FERRARA FOR CONGRI  Mailing Address PO BOX 97130  City PHOENIX   | ESS   | Action Comm          | nittee            | Date of Disbursement   |  |
| Mailing Address PO BOX 97130  City PHOENIX  |   |                      |                   | Date of Disbursement   |  |
| Mailing Address PO BOX 97130  City PHOENIX  |   |                      |                   |  |  |
| PHOENIX   | <u> </u>  | -                    |                   |  |  |
| -   | State<br>AZ   | Zip Code             |                   | FEC Identification Number  |  |
| Talpooe of Biobardement   | AZ  | 85060                |                   | 0 0000 10000   |  |
| Candidate Name  |   | [                    |                   | C C00640268  Transaction ID : SB23.56626   |  |
|   |   |                      | Category/<br>Type | Amount of Each Disbursement this Period  |  |
| Senate  | ement For: 2 Primary                                | <b>✗</b> General     |                   | 2500.00  |  |
| State: AZ District: 09  | Other (spec   | ify) ▼               |                   | Memo Item  |  |
| Full Name (Last, First, Middle Initial)   |   |                      |                   |  |  |
| 3.  |   |                      |                   | Date of Disbursement   |  |
| Mailing Address   |   |                      |                   |  |  |
| City  | State   | Zip Code             |                   | FEC Identification Number  |  |
| Purpose of Disbursement   |   |                      |                   | С  |  |
| Candidate Name  |   |                      | Category/<br>Type | Amount of Each Disbursement this Period  |  |
| Office Sought: House Disburse   | ement For:  | I                    | .,,,,,            |  |  |
| Senate  | Primary   | General              |                   | 4  |  |
| State: President District:  | Other (spec   | ify)                 |                   | Memo Item  |  |
| Full Name (Last, First, Middle Initial)   |   |                      |                   | Date of Disbursement   |  |
| Mailing Address   |   |                      |                   | M M / D D / Y Y Y Y  |  |
| City  | State   | Zip Code             |                   | FEC Identification Number  |  |
| Purpose of Disbursement   |   | 1                    |                   | C  |  |
| Candidate Name  |   |                      | Category/<br>Type | Amount of Each Disbursement this Period  |  |
|   | ement For:  |                      | .,,,,             |  |  |
| Office Sought: House Disburse   |   |                      |                   |  |  |
| Office Sought: House Disburse Senate President  | Primary<br>Other (spec                              | General<br>ify) ▼    |                   | Mama Harr  |  |
| Senate  |   |                      |                   | Memo Item  |  |
| Senate President  | Other (spec   | ify) ▼               |                   | Memo Item 2500.00  |  |