PAGE 1 / 24

Image# 201509159002666928

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	For Other Than An Autho	orized Committee	Office	Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
College of American P	athologists Political Ac	ction Committee		
<u> </u>				
ADDRESS (number and street)	1350 I Street, NW			
Check if different than previously reported. (ACC)	Suite 590 Washington		DC 200	05
2. FEC IDENTIFICATION NU	JMBER ▼ CITY	•	STATE ▲	ZIP CODE ▲
C C00274944	3. IS	THIS NEW (N) O	AMENDEI (A)	)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Quarterly Report (Q	Report Due On:  Mar 2  Apr 20  (c) 12-Day  PRF-Flection	May 20 (M2) May 20 (M2) Jun 20 (M3) Jun 20 (M3) Jul 20 (M3) Jul 20 (M3) Primary (12P)	6) X Sep 20 (M9	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y July 31 Mid-Year	Report for the:    Signature	Convention (12C)	Special (12S)	in the State of
Report (Non-election Year Only) (MY)  Termination Report	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
(TER)	Election	on	/	in the State of
5. Covering Period 08	01 2015	through 08	M / D D / Y Y 31 2	2015
I certify that I have examined th Type or Print Name of Treasure	•	ny knowledge and belief it is	true, correct and comp	lete.
Signature of Treasurer John	Michael Misialek Dr.	[Electronically Filed]		2015
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signin	g this Report to the pena	lities of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### College of American Pathologists Political Action Committee

Report Covering the Period: From: 08 01 2015 To: 08 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		405859.24
	(b) Cash on Hand at Beginning of Reporting Period	498491.44	
	(c) Total Receipts (from Line 19)	31600.00	209786.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	530091.44	615645.24
7.	Total Disbursements (from Line 31)	26639.40	112193.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	503452.04	503452.04
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. 06/2004)

Write or Type Committee Name

### College of American Pathologists Political Action Committee

	I. Receipts  Individuals/Persons Other  Than Political Committees  (i) Itemized (use Schedule A)		COLUMN A al This Period	COLUMN E Calendar Year-to	
(a	) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)				
(b	Than Political Committees  (i) Itemized (use Schedule A)				
	(i) Itemized (use Schedule A)				
		7	28500.00		180705.00
	(ii) Unitomized				
	(iii) TOTAL (add		3100.00		28706.00
	Lines 11(a)(i) and (ii)▶		31600.00		209411.00
	) Political Party Committees		0.00		0.00
			0.00		
	(such as PACs)		0.00		0.00
(d	,				
	11(a)(iii), (b), and (c)) (Carry		31600.00		209411.00
о т	Totals to Line 33, page 5)	7	31000.00	7	200111.00
	ansfers From Affiliated/Other		0.00		0.00
г	arty Committees		0.00		0.00
3 A	Loans Received		0.00		0.00
J. 7.	254.10 110351/04	7	7	7	
и I.	pan Repayments Received		0.00		0.00
	ffsets To Operating Expenditures		7	7	0.00
	defunds, Rebates, etc.)				
	Carry Totals to Line 37, page 5)		0.00	1	0.00
	efunds of Contributions Made	7	7	7	
to	Federal Candidates and Other				
Р	olitical Committees		0.00		375.00
7. O	ther Federal Receipts				
([	vividends, Interest, etc.)		0.00		0.00
	ansfers 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))	7	0.00		0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶		31600.00		209786.00
0. To	otal Federal Receipts				
	ubtract Line 18(c) from Line 19)▶		31600.00		209786.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	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	139.40	843.20
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	139.40	843.20
2.	Transfers to Affiliated/Other Party		
3	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	26500.00	111350.00
4.	Independent Expenditures (use Schedule E)	0.00	0.00
5.	Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9.	Other Disbursements	0.00	0.00
Λ	Federal Election Activity (2 U.S.C. §431(20))		
٥.	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	5.55
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26639.40	112193.20
2.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	26639.40	112193.20
	from Line 31)	20053.40	112195.20

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	31600.00	209411.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31600.00	209411.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	139.40	843.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	139.40	843.20

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

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13	3	14		15	16		17

Any information copied from such Reports and So or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
College of American Pathologist	s Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr Maureen S Bauer MD		Date of Receipt
Mailing Address 705 South Bend Dr		08 16 2015
City	State Zip Code	Transaction ID : SA11AI.53088
Durham	NC 27713-6194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Duke University Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr Robert S Beissner MD		Date of Receipt
Mailing Address Dept. Of Pathology 2401 S 31st St		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.53084
Temple	TX 76508-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Scott and White Memorial Hosp	Occupation	
	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Peter F. Bernhardt MD		Date of Receipt
Mailing Address Dept of Path 800 Biesterfield Rd		08 01 2015
City	State Zip Code IL 60007-3361	Transaction ID : SA11AI.53051
Elk Grove Village	IL 60007-3361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
Alexian Brothers Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		2750.00
TOTAL This Period (last page this line number of	only)	

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

	FOR LINE NUMBER:					PAGE	7	OF	24
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Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any personant and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Eileen M Cahill MD		Date of Receipt
Mailing Address Dept of Path  300 Randall Rd		08 01 2015
City	State Zip Code	Transaction ID : SA11AI.53046
Geneva	IL 60134-4200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Delnor Hospital	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  Dr. James M Crawford MD,PhD		Date of Receipt
Mailing Address North Shore LIJ Labs 10 Nevada Dr		08 27 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.53112
Lake Success	NY 11020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer North Shore Long Island	Occupation	
	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)  C. Dr. Eric F Glassy MD		Date of Receipt
Mailing Address 2801 Via Buena		08 06 2015
City Palos Verdes Estates	State Zip Code CA 90274-4417	Transaction ID : SA11AI.53065  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
Affiliated Pathologists Medical Group	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		6500.00
TOTAL This Period (last page this line number	only)	

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

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)	, , ,	2
College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Dr. Gary A Gochman MD		Date of Receipt
Mailing Address Lab 9333 E Imperial Hwy		M = M / D = D / Y = Y = Y = Y = Y = 08 06 2015
City	State Zip Code	Transaction ID : SA11AI.53066
Downey	CA 90242-2812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Kaiser Downey Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Thomas S. Haas DO		Date of Receipt
Mailing Address Department of Pathology		M = M / D = D / Y = Y = Y
1000 Mineral Point Ave	State 71: C 1	08 19 2015
City	State Zip Code	Transaction ID : SA11AI.53100
Janesville	WI 53548-2940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Mercy Hospital	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Dr. Robert D Hoffman MD,PhD		Date of Receipt
Mailing Address 1301 Medical Center Dr		08 12 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.53086
Nashville	TN 37232-0028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Vanderbilt Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggrogato rear-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number of	only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Marc Elwin Keen MD  Mailing Address Director of Clin Lab  1 N Atkinson Dr  City  Ludington	State Zip Code MI 49431-1906	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  Memorial Medical Center of West Michig  Receipt For:  Primary General  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   1000.00	Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  3. Dr. Lawrence C. Kenyon MD,PhD  Mailing Address 132 S 10th St  City  Philadelphia	State Zip Code PA 19107-5244	Date of Receipt  08 06 2015  Transaction ID : SA11AI.53072
Finadelphia  FEC ID number of contributing federal political committee.  Name of Employer Thomas Jefferson University  Receipt For:  Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   250.00	Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Anand Shreeram Lagoo MD, Mailing Address 5001 Mill Hill LN  City	PhD State Zip Code	Date of Receipt  08 01 2015  Transaction ID : SA11AI.53039
Chapel Hill  FEC ID number of contributing federal political committee.  Name of Employer  Duke University Medical Center  Receipt For:  Primary General  Other (specify) ▼	NC 27517-7443  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b></b>	1750.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 10 OF 24

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b Deports and Statements may not be cold or used by any passen for the numbers of collecting contributions									

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Paula R Larson MD  Mailing Address 7700 Floyd Curl Dr		Date of Receipt
		08 19 2015
City	State Zip Code	Transaction ID : SA11AI.53096
San Antonio	TX 78229-3902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Southwest Texas Methodist Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Darlene M. Lee MD	•	Date of Receipt
Mailing Address 1200 N Beaver St		08 01 2015
City	State Zip Code AZ 86001-3118	Transaction ID : SA11AI.53045
Flagstaff	AZ 86001-3118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Flagstaff Medical Center	Pathologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Dr. John Elliott LeeSang MD	•	Date of Receipt
Mailing Address Dept of Pathology 1301 Wonder World Dr		08 12 2015
City San Marcos	State Zip Code TX 78666-7533	Transaction ID : SA11AI.53078
	1// /0000-/333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Central Texas Med Ctr	Pathologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	1750.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

24

for each category of the Detailed Summary Page 13 14 15 16 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) Dr. Joseph P Leverone MD Date of Receipt Mailing Address Lab 45 W 10th St 2015 City Zip Code State Transaction ID: SA11AI.53080 MN Saint Paul 55102-1004 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St Joseph's Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Charles C. Marboe MD Date of Receipt Mailing Address Dept Of Pathology Ph15w-1574 630 W 168th St 80 19 2015 City State Zip Code Transaction ID: SA11AI.53092 NY New York 10032-3725 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation New York Presb Hosp/Columbia Presb Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** J. Paul McCarthy Dr. Date of Receipt Mailing Address Department of Pathology 400 W. 16th St. 80 12 2015 City State Zip Code Transaction ID: SA11AI.53083 CO Pueblo 81003 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Parkview Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

24

for each category of the Detailed Summary Page 13 14 15 16 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) Dr. Curtis Austin McGuyer MD Date of Receipt Mailing Address 9410 Carroll Park Dr 01 2015 City Zip Code State Transaction ID: SA11AI.53043 CA San Diego 92121-5201 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Prometheus Laboratories, Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce Melin MD Date of Receipt Mailing Address 410 East Walnut 80 21 2015 City State Zip Code Transaction ID: SA11AI.53101 KS Garden City 67846 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Western Pathology Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr Manju E. Nath MD Date of Receipt Mailing Address Dept of Pathology 80 01 2015 1301 Carlisle St City State Zip Code Transaction ID: SA11AI.53049 PΑ Natrona Heights 15065-1152 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Alle-Kiski Med Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

24

for each category of the Detailed Summary Page 13 14 15 16 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) Dr Robert O Newbury MD Date of Receipt Mailing Address Department of Pathology 3020 Childrens Way # 5007 2015 08 City Zip Code State Transaction ID: SA11AI.53097 San Diego CA 92123-4223 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Rady Children's Hosp-San Diego Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Dennis G O'Neill MD Date of Receipt Mailing Address Path Dept 1st Fl 71 Haynes St 80 06 2015 City State Zip Code Transaction ID: SA11AI.53063 CT Manchester 06040-4188 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Manchester Memorial Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Steven Frank O'Sheal MD Date of Receipt Mailing Address 1004 1st St N Ste 200 80 01 2015 City State Zip Code Transaction ID: SA11AI.53052 AL Alabaster 35007-8796 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Cytology & Pathology Services Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

24

for each category of the Detailed Summary Page 13 14 15 16 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) Dr. Elpidio De Jesus Pena MD Date of Receipt Mailing Address 1520 Goddard Ave 2015 City Zip Code State Transaction ID: SA11AI.53093 Louisville KY 40204-1546 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Norton Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Anna W Poniecka MD Date of Receipt Mailing Address 7800 Sheridan St 80 06 2015 City State Zip Code Transaction ID: SA11AI.53057 FL Pembroke Pines 33024-2536 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Memorial Hospital Pembroke Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Suzanne Zein-Eldin Powell MD Date of Receipt Mailing Address Department of Pathology MS 205, 6565 Fannin St 80 01 2015 City Zip Code State Transaction ID: SA11AI.53053 Houston TX 77030-2703 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Houston Methodist Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 15 OF 24 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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) Dr. Joseph P Rank MD Date of Receipt Mailing Address 1124 Columbia St Ste 200 2015 City Zip Code State Transaction ID: SA11AI.53079 WA Seattle 98104-2048 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer Occupation CellNetix Path & Labs Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Roussel Date of Receipt Mailing Address 325 Waukegan Rd 80 04 2015 City State Zip Code Transaction ID: SA11AI.53055 Northfield IL 60093-2750 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation College of Ameri Pathologists CAP Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert Alan Schwartz MD Date of Receipt Mailing Address Dept of Path 06 80 2015 71 Haynes St City State Zip Code Transaction ID: SA11AI.53075 CT Manchester 06040-4131 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Manchester Memorial Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 3200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

24

for each category of the Detailed Summary Page 13 14 15 16 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) Dr. Charles Edward Slonakern III MD Date of Receipt Mailing Address 24410 Oaklawn Plantation Rd 01 2015 City Zip Code State Transaction ID: SA11AI.53042 MS Pass Christian 39571-8969 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Mem Hosp at Gulfport Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jason Todd Sprouse MD Date of Receipt Mailing Address Laboratory 345 Biltmore Ave 80 19 2015 City State Zip Code Transaction ID: SA11AI.53095 NC Asheville 28801-4119 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Pathologists Med Lab PA Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. David Toups Stewart Jr MD Date of Receipt Mailing Address 1899 Eider Ct 06 80 2015 City State Zip Code Transaction ID: SA11AI.53061 FL Tallahassee 32308-4537 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation KWB Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 17 OF (check only one) X 11a 11b 12 11c

24 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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) Dr Cheryl A Szpak MD Date of Receipt Mailing Address 124 Steeplechase Rd 2015 06 City Zip Code State Transaction ID: SA11AI.53060 NC Chapel Hill 27514-1423 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Wake Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ann Taylor MD Date of Receipt Mailing Address Dept of Path 8th Ave & C St 80 01 2015 City State Zip Code Transaction ID: SA11AI.53040 UT Salt Lake City 84143-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation LDS Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Thomas R Treger MD Date of Receipt Mailing Address PO Box 1000 06 80 2015 City Zip Code State Transaction ID: SA11AI.53076 OR Medford 97501-0071 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Vista Pathology PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 18 OF	= 24
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
- commercial commency of angle	13 14 15 16	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	to Political Action Committee	
College of American Pathologis	55 FUILICAI ACIION COMMILLEE	
Full Name (Last, First, Middle Initial) <b>A.</b> Dr Michael J Waldron MD		Date of Receipt
Mailing Address 1355 River Bend Dr		08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.53073
Dallas	TX 75247-4915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Propath Lab Inc	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Nancy A Young MD		Date of Receipt
Mailing Address Path and Lab Med		M = M / D = D / Y = Y = Y
5501 Old York Rd	State 7's Code	08 06 2015
City	State Zip Code PA 19141-3018	Transaction ID : SA11AI.53074
Philadelphia	PA 19141-3018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Albert Einstein Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	C	A LOUIS TO LOUIS TO TOUR TOUR TOUR
federal political committee.		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	only)	28500.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	E NUMBER:	:	PAGE	19 O	F 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(cricck only one)					
	Detailed Summary Page	X 21b	22 28a	23 28b	24 28c	29	26 30b
Any information copied from such Reports and Sta	I tements may not be sold or u				soliciting co		
or for commercial purposes, other than using the n	ame and address of any politi	cal committee	to solicit co	ntributions fr	om such co	mmitte	е.
NAME OF COMMITTEE (In Full)	Dalitiaal Aatiaa Oaa						
College of American Pathologists	S Political Action Com	imittee					
Full Name (Last, First, Middle Initial)			5				
A. Sun Trust Bank				f Disburseme			
Mailing Address P.O. Box 85024			08	03		015	Y
City	State Zip Code		Trans	saction ID : S	SR21R 531	16	
Richmond Purpose of Disbursement	VA 23285		_ ITAIIS	action ib . (	JD2 1D.JJ 1	10	
Suntrust Moneris ACH Discount			Amoun	t of Each Di	sbursement	this P	'eriod
Candidate Name		Category/				44	00
		Туре		7	-	41.	90
Office Sought: House Disburs Senate	sement For:    Primary   General						
President	Other (specify)						
State: District:	(-						
Full Name (Last, First, Middle Initial)							
B. Sun Trust Bank			Date of	f Disburseme	ent		
Moiling Address D.O.B. 05004			M = M	/ D D		015	Υ
Mailing Address P.O. Box 85024			08	20		015	_
City	State Zip Code		Transaction ID : SB21E		SB21B.531	 17	
Richmond Purpose of Disbursement	VA 23285						
Suntrust Account Analysis Fee			Amoun	t of Each Di	sbursement	this P	'eriod
Candidate Name		Category/				97.	50
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Office Sought: House Disburs Senate	sement For:  Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)							
C.			Date of	f Disburseme			
Mailing Address			MM	/ D D	/ Y Y	Υ	Y
City	State Zip Code						
Purpose of Disbursement			-				
·			Amoun	t of Each Di	sbursement	this P	'eriod
Candidate Name		Category/					
Office Sought: House Disburg	sement For:	Type					
Senate Disburs	Primary General						
President	Other (specify)						
State: District:							
,							
SUBTOTAL of Disbursements This Page (optional	)					139.4	40
TOTAL This Deviced float many this float many	d. A					139.4	40
TOTAL This Period (last page this line number or	ııy)			-	7		

SCHEDULE B (FEC Form 3X)		. ,	FOR LINE	NUMBER:		PAGE	E 20 OF :			
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)						
		Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	30		
Any information copied from such Reports and State	ments may	not be sold or us								
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
College of American Pathologists	Political	Action Com	mittee							
			-							
Full Name (Last, First, Middle Initial)				Data of	Disbursen	nont				
A. BECERRA FOR CONGRESS										
Mailing Address P.O. Box 71584				08	05		2015	Y		
g				0.0	90					
City	State	Zip Code		Trans	action ID -	SB23.531	10			
Los Angeles	CA	90071		irans	action iD :	SB23.531	19			
Purpose of Disbursement										
				Amount	of Each [	Disburseme	nt this P	eriod		
Candidate Name			Category/				1500.	00		
Office Sought:   House   Disburse	ement For:	2010	Type		-					
Senate	Primary	General								
President	Other (spe									
State: CA District: 34	Other (spe	cony) $\blacktriangledown$								
Full Name (Last, First, Middle Initial)										
B. COMMITTEE TO RE-ELECT LOF	RETTA S	SANCHE7		Date of	Disbursen	nent				
	1 1/1 (	, tol ILL		M = M	/ D [		Y	Y		
Mailing Address PO BOX 6037				08	27		2015	_		
City	State	Zip Code		Trans	action ID :	SB23.531	28			
SANTA ANA	CA	92706		Trans	aotion ib .	0020.001				
Purpose of Disbursement				A	of Foob F	Disburseme	nt thin D	مينمط		
Candidate Name				Amoun	OI Eacii L	Jisburserrie	ווו נוווא די	enou		
Canadate Name			Category/ Type	Ι.			1000.	00		
Office Sought: Y House Disburse	ement For:	2016	Турс		,	,				
	Primary	General								
President	Other (spe	ecify) 🔻								
State: CA District: 47	1									
Full Name (Last, First, Middle Initial)										
C. CRAMER FOR CONGRESS				Date of	Disbursen	nent				
				M = M	/ D [		Y	Y		
Mailing Address PO BOX 396				08	05		2015	_		
City	State	Zip Code								
BISMARCK	ND	58502		Trans	action ID :	SB23.531	20			
Purpose of Disbursement		· -								
				Amount	of Each D	Disburseme	nt this P	eriod		
Candidate Name			Category/				4000	00		
			Type				1000.	JU		
	ement For:									
Senate	Primary	General								
President President	Other (spe	ecity) 🔻								
State: ND District: 01										
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TOTAL This Period (last page this line number only	()			10.0	1 (0) 1	1 (0) 1	1 (0)			

SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 21 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and State		used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar	me and address of any po	olitical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
College of American Pathologists	Political Action Co	mmittee	
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF ERIK PAULSEN			Date of Disbursement
Mailing Address P.O. Box 44369 250 Prairie Center Drive			08 05 2015
	State Zip Code		
Eden Prairie	MN 55344		Transaction ID : SB23.53121
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
	ment For: 2016		
Senate	Primary General	ıl	
President	Other (specify) ▼		
State: MN District: 03			
Full Name (Last, First, Middle Initial)			Data of Dishumannant
FRIENDS OF JOE PITTS			Date of Disbursement
Mailing Address P.O. BOX 775			08 27 2015
	State Zip Code		Transaction ID : SB23.53130
UNIONVILLE Purpose of Disbursement	PA 19375		
Fulpose of Dispulsement			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1500.00
	ment For: 2016		
	Primary Genera	ıl	
President	Other (specify) ▼		
State: PA District: 16  Full Name (Last, First, Middle Initial)			
MATSUI FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 1738			08 05 2015
			4 12 22
City	State Zip Code		Transaction ID : SB23.53122
SACRAMENTO	CA 95812		
Purpose of Disbursement			
Condidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought:  House  Disburse	ment For: 2016	.,,,,,	7
Senate	Primary Genera	ıl	
President	Other (specify) ▼		
State: CA District: 06	· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional).		·····	5000.00
TOTAL This Period (last page this line number only	)		

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 24				
	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL:				
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		_ stance carrinary rago	27	28a 28b 28c 29 30b				
	ny information copied from such Reports and Staten							
or	for commercial purposes, other than using the name	ne and address of any politi	ical committee to	solicit contributions from such committee.				
$  \setminus $	NAME OF COMMITTEE (In Full)	5 11/21 LA 21 G	•					
/	College of American Pathologists F	Political Action Com	ımıttee					
<u></u>	Full Name (Last, First, Middle Initial)							
Α.	NATIONAL REPUBLICAN CONGR	RESSIONAL COMM	/ITTEE	Date of Disbursement				
				M   M   / D   D   / Y   Y   Y   Y				
	Mailing Address 320 FIRST STREET			08 27 2015				
	City S	State Zip Code						
	WASHINGTON	DC 20003		Transaction ID : SB23.53131				
	Purpose of Disbursement							
				Amount of Each Disbursement this Period				
	Candidate Name		Category/	10000.00				
	000		Type	10000.00				
		ment For: 2015 Primary General						
		Other (specify)						
	State: District:	OTHER						
	Full Name (Last, First, Middle Initial)							
В.				Date of Disbursement				
				M = M / D = D / Y = Y = Y				
	Mailing Address PO BOX 3986			08 27 2015				
	City	State Zip Code						
	WASHINGTON	DC 20027		Transaction ID : SB23.53132				
	Purpose of Disbursement							
				Amount of Each Disbursement this Period				
	Candidate Name		Category/	2500.00				
	Office Sought: House Disbursen	ment For: 2015	Type	7				
		Primary General						
		Other (specify) ▼						
	State: District:	OTHER						
	Full Name (Last, First, Middle Initial)							
C.	RICHARD E NEAL FOR CONGRE	SS COMMITTEE		Date of Disbursement				
	NA W. All Santa			M M / D D / Y Y Y Y Y				
	Mailing Address 76 MAGNOLIA TERRACE			08 05 2015				
	City	State Zip Code						
	SPRINGFIELD	MA 01108		Transaction ID: SB23.53123				
	Purpose of Disbursement							
	Candidate Name			Amount of Each Disbursement this Period				
	Candidate Name		Category/	1500.00				
	Office Sought:	ment For: 2016	Type					
	Senate Signature	Primary General						
	President	Other (specify) ▼						
	State: MA District: 01							
				11000.00				
5	SUBTOTAL of Disbursements This Page (optional)		·······	14000.00				
ļ ,	OTAL This Period (last page this line number only)							
1 '	TIME TOTAL (last page this line number only)							

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SCHEDULE B (FEC Form 3X)	Llos conorate cohodulo/s\	FOR LINE I		PAGE 23 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22 <b>X</b> 23	24 25 26 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  College of American Pathologists F	Political Action Comm	ittee		
Full Name (Last, First, Middle Initial)				
A. RYAN FOR CONGRESS			Date of Disbursement	/ Y Y Y Y Y Y
Mailing Address P.O. BOX 1488			08 27	2015
City S Janesville	State Zip Code WI 53547		Transaction ID : SB	23.53133
Purpose of Disbursement			Amount of Each Disb	ursement this Period
Candidate Name		Category/ Type	,	1000.00
	nent For: 2016 Primary General Other (specify)			
State: WI District: 01				
Full Name (Last, First, Middle Initial)  B. TOM REED FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 391			08 05	2015
GENEVA	State Zip Code NY 14456		Transaction ID : SB	23.53125
Purpose of Disbursement	1		Amount of Each Disb	ursement this Period
Candidate Name		Category/ Type		1000.00
	nent For: 2016  Primary General  Other (specify)			
Full Name (Last, First, Middle Initial)  C. VERN BUCHANAN FOR CONGRE	ESS		Date of Disbursement	
Mailing Address P.O. BOX 48928			08 05	2015
City S SARASOTA	State Zip Code FL 34230		Transaction ID : SB	23.53126
Purpose of Disbursement	1			
Candidate Name	l	Category/ Type	Amount of Each Disb	ursement this Period 1000.00
Office Sought:    House   Disburser	nent For: 2016 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)		······		3000.00
TOTAL This Period (last page this line number only)		······	7	7

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 24 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:
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	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or use	d by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
College of American Pathologists F	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			
A. WELCH FOR CONGRESS			Date of Disbursement
Mailing Address DO DOM 1999			M M / D D / Y Y Y Y
Mailing Address PO BOX 1682			08 05 2015
City	state Zip Code		
BURLINGTON	VT 05402		Transaction ID : SB23.53127
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
000		Туре	1000.00
	nent For: 2016		
	Primary General  Other (specify)		
State: VT District: 00	outer (specify)		
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Mailing Address			
City	state Zip Code		
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		Category/ Type	
Office Sought: House Disbursen	nent For:	) I' -	,
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
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walling Address			
City	State Zip Code		
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Purpose of Disbursement			
Candidate Nava		Amount of Each Disbursement this Period	
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Office Sought: House Disbursen	pent For:	Туре	
	Primary General		
	Other (specify)		
State: District:	- · · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only).			26500.00