

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
College of American Pathologists Political Action Committee

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer John Michael Misialek Dr.

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 TO 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)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28500.00	180705.00
(ii) Unitemized	3100.00	28706.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31600.00	209411.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31600.00	209411.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	375.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	31600.00	209786.00
20. Total Federal Receipts (subtract 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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	111350.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26639.40	112193.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26639.40	112193.20

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31600.00	209411.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31600.00	209411.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	139.40	843.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	139.40	843.20

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

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

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr Maureen S Bauer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 South Bend Dr
 City Durham State NC Zip Code 27713-6194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 16 / 2015**
Transaction ID : SA11AI.53088
 Amount of Each Receipt this Period **500.00**

B. Dr Robert S Beissner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. Of Pathology 2401 S 31st St
 City Temple State TX Zip Code 76508-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White Memorial Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 12 / 2015**
Transaction ID : SA11AI.53084
 Amount of Each Receipt this Period **250.00**

C. Dr. Peter F. Bernhardt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 800 Biesterfield Rd
 City Elk Grove Village State IL Zip Code 60007-3361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alexian Brothers Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 01 / 2015**
Transaction ID : SA11AI.53051
 Amount of Each Receipt this Period **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Eileen M Cahill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 300 Randall Rd
 City State Zip Code
 Geneva IL 60134-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Delnor Hospital Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015
Transaction ID : SA11AI.53046
 Amount of Each Receipt this Period
 500.00

B. Dr. James M Crawford MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address North Shore LIJ Labs
 10 Nevada Dr
 City State Zip Code
 Lake Success NY 11020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Shore Long Island Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : SA11AI.53112
 Amount of Each Receipt this Period
 5000.00

C. Dr. Eric F Glassy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 Via Buena
 City State Zip Code
 Palos Verdes Estates CA 90274-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Affiliated Pathologists Medical Group Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11AI.53065
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Gary A Gochman MD
Full Name (Last, First, Middle Initial)

Mailing Address Lab
9333 E Imperial Hwy
City Downey State CA Zip Code 90242-2812

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

Name of Employer Kaiser Downey Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 06 / 2015
Transaction ID : SA11AI.53066

Amount of Each Receipt this Period
250.00

B. Dr. Thomas S. Haas DO
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology
1000 Mineral Point Ave
City Janesville State WI Zip Code 53548-2940

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

Name of Employer Mercy Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 19 / 2015
Transaction ID : SA11AI.53100

Amount of Each Receipt this Period
300.00

C. Dr. Robert D Hoffman MD,PhD
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Medical Center Dr
City Nashville State TN Zip Code 37232-0028

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

Name of Employer Vanderbilt Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 12 / 2015
Transaction ID : SA11AI.53086

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 24
(check only one)

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

A. Dr. Marc Elwin Keen MD
Full Name (Last, First, Middle Initial)
Mailing Address Director of Clin Lab
1 N Atkinson Dr
City Ludington State MI Zip Code 49431-1906
FEC ID number of contributing federal political committee. **C**
Name of Employer Memorial Medical Center of West Michig Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
08 / 01 / 2015
Transaction ID : SA11AI.53050
Amount of Each Receipt this Period
1000.00

B. Dr. Lawrence C. Kenyon MD,PhD
Full Name (Last, First, Middle Initial)
Mailing Address 132 S 10th St
City Philadelphia State PA Zip Code 19107-5244
FEC ID number of contributing federal political committee. **C**
Name of Employer Thomas Jefferson University Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
08 / 06 / 2015
Transaction ID : SA11AI.53072
Amount of Each Receipt this Period
250.00

C. Dr. Anand Shreeram Lagoo MD,PhD
Full Name (Last, First, Middle Initial)
Mailing Address 5001 Mill Hill LN
City Chapel Hill State NC Zip Code 27517-7443
FEC ID number of contributing federal political committee. **C**
Name of Employer Duke University Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
08 / 01 / 2015
Transaction ID : SA11AI.53039
Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Paula R Larson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 Floyd Curl Dr
 City San Antonio State TX Zip Code 78229-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Texas Methodist Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 19 / 2015**
Transaction ID : SA11AI.53096
 Amount of Each Receipt this Period **250.00**

B. Dr. Darlene M. Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 N Beaver St
 City Flagstaff State AZ Zip Code 86001-3118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Flagstaff Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 01 / 2015**
Transaction ID : SA11AI.53045
 Amount of Each Receipt this Period **1000.00**

c. Dr. John Elliott LeeSang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology 1301 Wonder World Dr
 City San Marcos State TX Zip Code 78666-7533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Texas Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 12 / 2015**
Transaction ID : SA11AI.53078
 Amount of Each Receipt this Period **500.00**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 24
(check only one)

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

A. Dr. Joseph P Leverone MD
Full Name (Last, First, Middle Initial)

Mailing Address Lab
45 W 10th St

City Saint Paul State MN Zip Code 55102-1004

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

Name of Employer St Joseph's Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2015
Transaction ID : SA11AI.53080

Amount of Each Receipt this Period
250.00

B. Dr. Charles C. Marboe MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept Of Pathology Ph15w-1574
630 W 168th St

City New York State NY Zip Code 10032-3725

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

Name of Employer New York Presb Hosp/Columbia Presb Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 19 / 2015
Transaction ID : SA11AI.53092

Amount of Each Receipt this Period
250.00

C. J. Paul McCarthy Dr.
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology
400 W. 16th St.

City Pueblo State CO Zip Code 81003

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

Name of Employer Parkview Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 12 / 2015
Transaction ID : SA11AI.53083

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Curtis Austin McGuyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9410 Carroll Park Dr
 City San Diego State CA Zip Code 92121-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prometheus Laboratories, Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015
Transaction ID : SA11AI.53043
 Amount of Each Receipt this Period
 250.00

B. Bruce Melin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 East Walnut
 City Garden City State KS Zip Code 67846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015
Transaction ID : SA11AI.53101
 Amount of Each Receipt this Period
 500.00

C. Dr Manju E. Nath MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 1301 Carlisle St
 City Natrona Heights State PA Zip Code 15065-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alle-Kiski Med Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015
Transaction ID : SA11AI.53049
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Robert O Newbury MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 3020 Childrens Way # 5007
 City San Diego State CA Zip Code 92123-4223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rady Children's Hosp-San Diego Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 19 / 2015**
Transaction ID : SA11AI.53097
 Amount of Each Receipt this Period **250.00**

B. Dr. Dennis G O'Neill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept 1st Fl
 71 Haynes St
 City Manchester State CT Zip Code 06040-4188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Manchester Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 06 / 2015**
Transaction ID : SA11AI.53063
 Amount of Each Receipt this Period **1000.00**

c. Dr. Steven Frank O'Sheal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 1st St N Ste 200
 City Alabaster State AL Zip Code 35007-8796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cytology & Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 01 / 2015**
Transaction ID : SA11AI.53052
 Amount of Each Receipt this Period **500.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Elpidio De Jesus Pena MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 Goddard Ave
 City Louisville State KY Zip Code 40204-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norton Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11AI.53093
 Amount of Each Receipt this Period 1000.00

B. Dr. Anna W Poniecka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 Sheridan St
 City Pembroke Pines State FL Zip Code 33024-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital Pembroke Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2015
Transaction ID : SA11AI.53057
 Amount of Each Receipt this Period 1000.00

C. Dr. Suzanne Zein-Eldin Powell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology MS 205, 6565 Fannin St
 City Houston State TX Zip Code 77030-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Methodist Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2015
Transaction ID : SA11AI.53053
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Joseph P Rank MD

Mailing Address 1124 Columbia St Ste 200

City State Zip Code
 Seattle WA 98104-2048

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

Name of Employer Occupation
 CellNetix Path & Labs Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11AI.53079

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
B. Charles Roussel

Mailing Address 325 Waukegan Rd

City State Zip Code
 Northfield IL 60093-2750

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

Name of Employer Occupation
 College of Ameri Pathologists CAP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015

Transaction ID : SA11AI.53055

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
c. Dr. Robert Alan Schwartz MD

Mailing Address Dept of Path
 71 Haynes St

City State Zip Code
 Manchester CT 06040-4131

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

Name of Employer Occupation
 Manchester Memorial Hospital Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015

Transaction ID : SA11AI.53075

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Charles Edward Slonakern III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24410 Oaklawn Plantation Rd
 City Pass Christian State MS Zip Code 39571-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mem Hosp at Gulfport Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 01 / 2015**
Transaction ID : SA11AI.53042
 Amount of Each Receipt this Period **1000.00**

B. Dr. Jason Todd Sprouse MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Laboratory 345 Biltmore Ave
 City Asheville State NC Zip Code 28801-4119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathologists Med Lab PA Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 19 / 2015**
Transaction ID : SA11AI.53095
 Amount of Each Receipt this Period **500.00**

c. Dr. David Toups Stewart Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1899 Eider Ct
 City Tallahassee State FL Zip Code 32308-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KWB Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 06 / 2015**
Transaction ID : SA11AI.53061
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Cheryl A Szpak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Steeplechase Rd
 City Chapel Hill State NC Zip Code 27514-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11AI.53060
 Amount of Each Receipt this Period
 1000.00

B. Dr. Ann Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 8th Ave & C St
 City Salt Lake City State UT Zip Code 84143-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LDS Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2015
Transaction ID : SA11AI.53040
 Amount of Each Receipt this Period
 250.00

c. Dr. Thomas R Treger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1000
 City Medford State OR Zip Code 97501-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vista Pathology PC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11AI.53076
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Michael J Waldron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1355 River Bend Dr
 City Dallas State TX Zip Code 75247-4915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Propath Lab Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11AI.53073
 Amount of Each Receipt this Period
 500.00

B. Dr. Nancy A Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path and Lab Med
 5501 Old York Rd
 City Philadelphia State PA Zip Code 19141-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albert Einstein Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11AI.53074
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	28500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Discount

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.53116

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.53117

Amount of Each Disbursement this Period

97.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

139.40

139.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB23.53119

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ

Mailing Address PO BOX 6037

City SANTA ANA State CA Zip Code 92706

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 47

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB23.53128

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CRAMER FOR CONGRESS

Mailing Address PO BOX 396

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB23.53120

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.53121

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	5		

Transaction ID : SB23.53130

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address P.O. BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.53122

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) OTHER

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SB23.53131

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) OTHER

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SB23.53132

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: MA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) OTHER

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SB23.53123

Amount of Each Disbursement this Period

1500.00

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

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

14000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN FOR CONGRESS

Mailing Address P.O. BOX 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SB23.53133

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City State Zip Code
GENEVA NY 14456

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SB23.53125

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 48928

City State Zip Code
SARASOTA FL 34230

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SB23.53126

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SB23.53127

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

26500.00
