

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01/01/2016 through 01/31/2016

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 02/18/2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		486810.44
(b) Cash on Hand at Beginning of Reporting Period.....	486810.44	
(c) Total Receipts (from Line 19)	25243.00	25243.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	512053.44	512053.44
7. Total Disbursements (from Line 31).....	614.40	614.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	511439.04	511439.04
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

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).....	21350.00	21350.00
(ii) Unitemized	3893.00	3893.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25243.00	25243.00
(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)	25243.00	25243.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25243.00	25243.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25243.00	25243.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	114.40	114.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	114.40	114.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	500.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	614.40	614.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	614.40	614.40

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)	25243.00	25243.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24743.00	24743.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	114.40	114.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	114.40	114.40

**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 18
(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. Jared Abbott MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 41st St
 City West Des Moines State IA Zip Code 50265-3874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Laboratory Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : SA11AI.53651
 Amount of Each Receipt this Period
 750.00

B. Dr. Margaret A. Batt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9352 Park West Blvd
 City Knoxville State TN Zip Code 37923-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkwest Med Ctr Occupation 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
 01 / 29 / 2016
Transaction ID : SA11AI.53673
 Amount of Each Receipt this Period
 1000.00

C. Dr. Melissa Mulkey Blann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3810 152nd St
 City Lubbock State TX Zip Code 79423-6310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ameripath Lubbock CMC Campus 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
 01 / 29 / 2016
Transaction ID : SA11AI.53679
 Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 7 OF 18
	<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. Philip A Branton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Biorepositories and Biospecs Rsch
 9609 Medical Center Dr, Canc Diag
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Institute of Health 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
01 / 29 / 2016
Transaction ID : SA11AI.53686
 Amount of Each Receipt this Period
250.00

B. Dr. Matthew David Carr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Michigan Ave
 City Holland State MI Zip Code 49423-4918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Michigan Pathology Assoc PLLC 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
01 / 20 / 2016
Transaction ID : SA11AI.53647
 Amount of Each Receipt this Period
500.00

C. Dr. Jessica M Comstock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 100 Mario Capecchi Dr
 City Salt Lake City State UT Zip Code 84113-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Primary Children's Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2016
Transaction ID : SA11AI.53666
 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 8 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. Dr. Rosemary E. Detweiler MD		Date of Receipt
Mailing Address Department of Pathology 6100 Harris Pkwy		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Fort Worth	State TX	Zip Code 76132-4101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53694
Name of Employer Texas Health Southwest		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) B. Dr. Keith Lawton Duncan MD,PhD		Date of Receipt
Mailing Address Department Of Pathology 1501 Trousdale Dr		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Burlingame	State CA	Zip Code 94010-4506
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53671
Name of Employer Peninsula Med Ctr		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey D. Goldstein MD		Date of Receipt
Mailing Address Dept of Path and Lab Med P.O. Box 951732, 10833 Le Conte Av		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City Los Angeles	State CA	Zip Code 90095-1732
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53611
Name of Employer UCLA Medical Center		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 18
(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. Anthony J Guidi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 8th St Unit 419
 City Charlestown State MA Zip Code 02129-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newton-Wellesley Hospital 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
 01 / 29 / 2016
Transaction ID : SA11AI.53659
 Amount of Each Receipt this Period
 500.00

B. Dr. Thomas E. Higgins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 400 E Main St
 City Mount Kisco State NY Zip Code 10549-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Westchester Hosp 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
 01 / 27 / 2016
Transaction ID : SA11AI.53654
 Amount of Each Receipt this Period
 250.00

c. Dr. Charles N. Iknayan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address E6385 Gheller Dr
 City Bessemer State MI Zip Code 49911-9754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grandview Hospital 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
 01 / 29 / 2016
Transaction ID : SA11AI.53661
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 18
(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. Grace N Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24035 Vecchio
 City San Antonio State TX Zip Code 78260-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Luke's Baptist Hospital 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
 01 / 29 / 2016
Transaction ID : SA11AI.53663
 Amount of Each Receipt this Period
 500.00

B. Dr. Thomas M Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 2333 Buchanan St Fl 2
 City San Francisco State CA Zip Code 94115-1925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Pacific 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
 01 / 07 / 2016
Transaction ID : SA11AI.53629
 Amount of Each Receipt this Period
 250.00

c. Dr. Randal Carl Juengel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept Of Pathology 4401 S Western Ave
 City Oklahoma City State OK Zip Code 73109-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integris Southwest Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : SA11AI.53690
 Amount of Each Receipt this Period
 249.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 999.00
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 18
(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. Randal Carl Juengel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept Of Pathology
 4401 S Western Ave
 City Oklahoma City State OK Zip Code 73109-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integris Southwest Medical 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
 01 / 29 / 2016
Transaction ID : SA11AI.53691
 Amount of Each Receipt this Period
1.00

B. Dr. Oliver S Kim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 450 West Hwy 22
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Good Shepherd Hosp Occupation 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
 01 / 29 / 2016
Transaction ID : SA11AI.53682
 Amount of Each Receipt this Period
1000.00

C. Dr. John Thomas Latham Jr MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Parkins Lake Rd
 City Greenville State SC Zip Code 29607-3636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St Francis Hlth Sys 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
 01 / 29 / 2016
Transaction ID : SA11AI.53667
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1251.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<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. Richard Montefiore Levenson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path & Lab Med
 4400 V Street
 City Sacramento State CA Zip Code 95817-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Davis Health System 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
 01 / 29 / 2016
Transaction ID : SA11AI.53692
 Amount of Each Receipt this Period
250.00

B. Dr. Glenn H Littell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2975 Sycamore Dr
 City Simi Valley State CA Zip Code 93065-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simi Valley Hospital & Health Care Ser 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
 01 / 29 / 2016
Transaction ID : SA11AI.53662
 Amount of Each Receipt this Period
250.00

c. Dr. Stephen R Lyle MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 Walnut St
 City Wellesley State MA Zip Code 02481-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMASS Mem Med Ctr Lab Occupation 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
 01 / 01 / 2016
Transaction ID : SA11AI.53605
 Amount of Each Receipt this Period
1000.00

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

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

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

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

A. Dr. Alvin W. Martin MD

Full Name (Last, First, Middle Initial)
Mailing Address Cpa Laboratory
2307 Greene Way

City State Zip Code
Louisville KY 40220-4009

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

Name of Employer Occupation
Norton Healthcare 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
01 / 29 / 2016

Transaction ID : SA11AI.53656

Amount of Each Receipt this Period
1000.00

B. Dr. Thomas S Mego MD

Full Name (Last, First, Middle Initial)
Mailing Address Pathology
3200 Providence Dr

City State Zip Code
Anchorage AK 99508-4615

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

Name of Employer Occupation
Providence Alaska Med Ctr Pathologist

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
01 / 06 / 2016

Transaction ID : SA11AI.53625

Amount of Each Receipt this Period
2500.00

C. Dr. Tiffani Lynn Milless MD

Full Name (Last, First, Middle Initial)
Mailing Address 1212 Pleasant St Ste L13

City State Zip Code
Des Moines IA 50309-1414

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

Name of Employer Occupation
Iowa Pathology Associates 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
01 / 29 / 2016

Transaction ID : SA11AI.53697

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 18
(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. Ahren C Rittershaus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 New Bern Ave
 City Raleigh State NC Zip Code 27610-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11AI.53655
 Amount of Each Receipt this Period 1500.00

B. Dr. Sateesh K Satchidanand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2605 Harlem Rd
 City Cheektowaga State NY Zip Code 14225-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 08 / 2016
Transaction ID : SA11AI.53637
 Amount of Each Receipt this Period 500.00

c. Dr. Mary R Schwartz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path, 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 ▼ 1000.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11AI.53678
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
	<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. Mark E. Shertzer MD

Full Name (Last, First, Middle Initial)
Mailing Address 18 Harrington Ln

City Dothan State AL Zip Code 36305-9732

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

Name of Employer Southeast Alabama Med Ctr 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
 01 / 29 / 2016
Transaction ID : SA11AI.53675

Amount of Each Receipt this Period
 500.00

B. Dr. Jeffrey B Smith MD

Full Name (Last, First, Middle Initial)
Mailing Address 1395 S Pinellas Ave

City Tarpon Springs State FL Zip Code 34689-3790

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

Name of Employer Helen Ellis Memorial Hospital Occupation 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
 01 / 29 / 2016
Transaction ID : SA11AI.53665

Amount of Each Receipt this Period
 1000.00

C. Dr. Paul Edward Steele MD

Full Name (Last, First, Middle Initial)
Mailing Address Path & Lab Med MLC 1010
3333 Burnet Ave

City Cincinnati State OH Zip Code 45229-3026

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

Name of Employer Cincinnati Childrens Hosp Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : SA11AI.53684

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 16 OF 18
(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. Arthur Rogers Summerlin III MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 813
City Dothan State AL Zip Code 36302-0813
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Laboratory Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11AI.53660
Amount of Each Receipt this Period 250.00

B. Dr. Melvin J. Van Boven DO
Full Name (Last, First, Middle Initial)
Mailing Address 744 W 9th St
City Tulsa State OK Zip Code 74127-9020
FEC ID number of contributing federal political committee. **C**
Name of Employer Oklahoma State University Medical Cent Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11AI.53681
Amount of Each Receipt this Period 1000.00

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

Date of Receipt 01 / 29 / 2016
Transaction ID : SA11AI.53696
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 18
(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. Mark Steven Wilke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9909 S Shore Dr Ste 2A
 City Plymouth State MN Zip Code 55441-5039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Twin Cities Dermatopathology 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
 01 / 29 / 2016
Transaction ID : SA11AI.53676
 Amount of Each Receipt this Period
 250.00

B. Dr. Ralph T. Zade Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44201 Dequindre Rd
 City Troy State MI Zip Code 48085-1117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hosp-Troy 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
 01 / 29 / 2016
Transaction ID : SA11AI.53689
 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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	21350.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. William Allen Wesche

Mailing Address Dept of Pathology
2915 Missouri Ave

City Shreveport State LA Zip Code 71109

Purpose of Disbursement
Refund for Overpayment of 2015 Contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : SB28A.53604

Amount of Each Disbursement this Period

500.00

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

500.00