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Image# 201610269034604941

**FEC** FORM 3X

## **REPORT OF RECEIPTS** AND DISBURSEMENTS

	For Other Than An At	ithorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	<sup>/pe</sup> 12FE4M5
College of America	an Pathologists Political	Action Committee	
ADDRESS (number and stre	eet) 1001 G Street NW		
▼ Oh a sha 'f al'ffa a sail	Suite 425 West		
Check if different than previously reported. (ACC)	Washington		DC 20001 -
2. <b>FEC IDENTIFICATIO</b>	ON NUMBER ▼	CITY A	STATE ▲ ZIP CODE ▲
C C00274944	3.	IS THIS REPORT NEW (N)	OR AMENDED (A)
4. TYPE OF REPOR (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M6) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Rep	port (Q1)		
July 15 Quarterly Rep	oort (Q2) PRE-Election	Primary (12P)	x General (12G) Runoff (12R)
October 15 Quarterly Rep	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Rep	port (YE)	tion on 11 0	iii uio
July 31 Mid-Y Report (Non-Year Only) (N	election (d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination F (TER)	Report	tion on	in the State of
5. Covering Period	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examin			f it is true, correct and complete.
Type or Print Name of Tre	Misialek, Michael, , John, easurer	Dr.	
Signature of Treasurer	Misialek, Michael, , John, Dr.	[Electronically File	dJ Date 10 / 26 / 2016
NOTE: Submission of false,	erroneous, or incomplete informat	ion may subject the person s	signing this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016
Only		1 1	1107. 00/2010

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 05/2016)	Pa	ıge <b>2</b>

Write or Type Committee Name

### College of American Pathologists Political Action Committee

10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 486810.44 January 1, 2016 (b) Cash on Hand at 506982.34 Beginning of Reporting Period..... 5700.00 187988.00 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 674798.44 512682.34 6(a) and 6(c) for Column B)..... 104541.90 266658.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period

9. Debts and Obligations Owed **TO** 

the Committee (Itemize all on Schedule C and/or Schedule D) .....

Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D) ......

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408140.44

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### College of American Pathologists Political Action Committee

10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5300.00 163860.00 (i) Itemized (use Schedule A)..... 400.00 24128.00 (ii) Unitemized ..... (iii) TOTAL (add 187988.00 5700.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 187988.00 5700.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))......▶ 5700.00 187988.00 20. Total Federal Receipts 5700.00 187988.00 (subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

Total This Period	COLUMN B Calendar Year-to-Date		
	Caronaa Tour to Buto		
0.00	0.00		
0.00	0.00		
41.00	948.00		
41.50	340.00		
41.90	948.00		
0.00	0.00		
104500.00	265210.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
0.00	0.00		
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104541.90	266658.00		
104541.90	266658.00		
	0.00 41.90 41.90 0.00 104500.00 0.00 0.00 0.00 0.00 0.00 0.00 0		

### **DETAILED SUMMARY PAGE**

of Disbursements

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)	5700.00	187988.00
Total Contribution Refunds     (from Line 28(d))	0.00	500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5700.00	187488.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	41.90	948.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	41.90	948.00

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

Use separate schedule(s)

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

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Campbell, Alfred, W, Dr., MD Date of Receipt Mailing Address 319 Hidden Creek Circle 2016 City Zip Code State Transaction ID: SA11AI.54403 SC Spartanburg 29306 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Spartanburg Regional Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Donovan, Virginia, Marilyn, Dr., MD Date of Receipt Mailing Address 26 Pine Dr N 10 2016 City State Zip Code Transaction ID: SA11AI.54406 NY Roslyn 11576-2037 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Winthrop Univ Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hinchey, William, W. Dr. MD Date of Receipt Mailing Address 601 Canterbury Hill St 10 18 2016 City State Zip Code Transaction ID: SA11AI.54412 TX San Antonio 78209-2817 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Christus Santa Rosa Westover Hills 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).....

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

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Holburt, Ernest, Neil, Dr., MD, MPH Date of Receipt Mailing Address Dept of Path Ste 105 25470 Medical Center Dr 13 2016 City Zip Code State Transaction ID: SA11AI.54409 CA Murrieta 92562-4901 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Medical Lab Services Medical Group Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Murphy, Robert, Joseph, Dr., MD Date of Receipt Mailing Address Dept of Path 10 2016 1726 Shawano Ave City State Zip Code Transaction ID: SA11AI.54400 WI Green Bay 54303-3216 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Mary's Hospital Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Patton, Richard, G, Dr., MD Date of Receipt Mailing Address 2561 Magnolia Blvd W 10 04 2016 City Zip Code State Transaction ID: SA11AI.54399 WA Seattle 98199 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

FOR LINE NUMBER:						PAGE		8	OF	24
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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Patton, Richard, G, Dr., MD Date of Receipt Mailing Address 2561 Magnolia Blvd W 15 2016 City Zip Code State Transaction ID: SA11AI.54411 WA Seattle 98199 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pritt, Bobbi, S, Dr., MD Date of Receipt Mailing Address Div of Clinical Microbiology 10 13 2016 200 1st St SW City State Zip Code Transaction ID: SA11AI.54408 MN Rochester 55905-0002 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Mayo Clinic Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Shattuck, Marcia, Catherine, Dr., MD Date of Receipt Mailing Address 416 Connable Ave 12 2016 City State Zip Code Transaction ID: SA11AI.54407 MI Petoskey 49770-2212 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) McLaren Northern Michigan Hospital 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).....

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

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Swierczynski, Sharon, Lynn, Dr., MD, PhD Date of Receipt Mailing Address PO Box 16052 6th Ave & Spruce St 13 2016 City State Zip Code Transaction ID: SA11AI.54410 PA Reading 19612 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Reading Hosp & Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tsou, Hui, C, Dr., MD Date of Receipt Mailing Address 154 Wakeman Pl 10 2016 City State Zip Code Transaction ID: SA11AI.54397 NY Brooklyn 11220-4802 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VA Med Ctr-New York Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00

	,	,	
Full Name of Individual (Last, First, Middle In West, William, W, Dr., MD	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address Path and Micro 983135 Nebraska Medical Ct	tr		10 04 2016
City Omaha	State NE	Zip Code 68198-3135	Transaction ID : SA11AI.54401  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Univ of Nebraska Med Ctr	Occupa Patholo	ation (for Individual)	Memo Item
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# 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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. Sun Trust Bank  Mailing Address P.O. Box 85024  City Richmond Purpose of Disbursement SunTrust Moneris ACH Fee Candidate Name  Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Disbursement Candidate Name  Office Sought: House Disbursement Candidate Name  Office Sought: House Disbursement Candidate Name  Office Sought: House Disbursement Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Fell Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Fell Name (Last, First, Middle Initial)  B.  Mailing Address  City State Disbursement Candidate Name  Office Sought: House Disbursement For: Senate President Disbursement For: Memo Item  Memo Item  Memo Item	SCHEDULE B (FEC Form 3X)	lles ser	wata ash salid ( )					OF	24		
Detailed Summary Page   28a   28b   28   28   28   30   30b	ITEMIZED DISBURSEMENTS			· ·	-	_ ´ _	¬ oo 「			7	
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.  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 Purpose of Disbursement SunTrust Moneris ACH Fee Candidate Name  Category/ Type  Full Name (Last, First, Middle Initial)  B.  Category/ Type  Full Name (Last, First, Middle Initial)  B.  Date of Disbursement this Period  Transaction ID: \$8218.4396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Type  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction ID: \$8218.64396 Amount of Each Disbursement this Period  Transaction											
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 Pull)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. Sun Trust Bank  Mailing Address P.O. Box 85024  City State Zip Code Primary General State Disbursement For:  — President Other (specify) ▼  State Zip Code  Transaction 10 : \$2218.64396  Amount of Each Disbursement this Period  Type  FEC Identification Number  Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Primary General  District  Full Name (Last, First, Middle Initial)  City State Zip Code  Primary General  District  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  City State Zip Code  FEC Identification Number  Calagopy/ Type  Type  Date of Disbursement this Period  City State Zip Code  FEC Identification Number  Candidate Name  City State Zip Code  FEC Identification Number  Candidate Name  City State Zip Code  FEC Identification Number  Candidate Name  City State Zip Code  FEC Identification Number  Candidate Name  City State Zip Code  FEC Identification Number  Candidate Name  City State Zip Code  FEC Identification Number  City State Zip Code  FEC Identification Number  Candidate Name  City State Zip Code  FEC Identification Number  City State Zip	Any information copied from such Reports and Statem	l nents may r	not he sold or us								ns
College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A Sun Trust Bank  Mailing Address P.O. Box 85024  City State Zip Code Richmond VA 23285  Purpose of Disbursement For:  State: District:  Full Name (Last, First, Middle Initial)  B.  Category' Type  Office Sought: House President Other (specify) V  State Zip Code  Purpose of Disbursement For:  Candidate Name  Office Sought: House President Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  B.  Category' Type  Office Sought: House President Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House President Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House President Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House President Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House President Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  Category' Type  Memo Item  State: Memo Item  Memo Item  State: Memo	or for commercial purposes, other than using the nam	e and addr	ess of any politic	cal committe	e to so	olicit conti	ibutions	from su	ch com	mittee.	
Full Name (Last, First, Middle Initial)  A. Sun Trust Bank  Mailing Address P.O. Box 85024  City State Zip Code VA 23285  Purpose of Disbursement Sun'Trust Moners ACH Fee Candidate Name  Candidate Name  City State:  Purpose of Disbursement Insurant House Primary General Memo Item Memo Item Memo Item	· · · · ·						<u></u>				
A. Sun Trust Bank  Mailing Address P.O. Box 85024  City Richmond Purpose of Disbursement Sun Trust Moners ACH Fee Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   President   District:   District:   District:   Date of Disbursement this Period  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement   Candidate Name   Category/ Annount of Each Disbursement this Period  Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement   Disbursement For:   Senate   Primary   General   Purpose of Disbursement   Disbursement For:   Senate   Primary   General   District:   District:   Memo Item  Substitute   District:   Memo Item   Memo	College of American Pathologists F	Political /	Action Com	mittee							
Mailing Address P.O. Box 85024  City											
Mailing Address P.O. Box 85024  City	A. Sun Trust Bank					Date of Disbursement					
Richmond	Mailing Address P.O. Box 85024										
Richmond Purpose of Disbursement SunTrust Moneris ACH Fee Candidate Name Office Sought: State: District: Full Name (Last, First, Middle Initial) B.  Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House President Disbursement Candidate Name Office Sought: State: District: Category/ Type  Date of Disbursement this Period  FEC Identification Number Category/ Type  FEC Identification Number Category/ Type  Tell Name (Last, First, Middle Initial) Category/ Type  FEC Identification Number Category/ Type  District: Category/ Type  Tell Name (Last, First, Middle Initial) Ct. Category/ Type  Tell Name (Last, First, Middle Initial) Ct. Category/ Type  Tell Name (Last, First, Middle Initial) Ct. Category/ Type  Tell Name (Last, First, Middle Initial) Ct.  State: District:  Category/ Type  Tell Name (Last, First, Middle Initial) Ct.  Date of Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial) Ct.  Date of Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial) Ct.  State: District:  Date of Disbursement  Tell Name (Last, First, Middle Initial) Ct.  Amount of Each Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial) Ct.  Amount of Each Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial) Ct.  Amount of Each Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial) Ct.  Amount of Each Disbursement this Period  Tell Name (Last, First, Middle Initial)  Tell Name (Last, First, Middle Initial) Ct.  Amount of Each Disbursement this Period  Tell Name (Last, First, Middle Initial)  Tel	*					FEC Ider	ntification	Numbe	r		
Suntrust Moneris ACH Fee Candidate Name Category/ Office Sought:	rtioninona	VA	23285							7	
Candidate Name  Office Sought: House Senate Prisalent State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: House Senate Prisalent State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: Senate Prisalent State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: Senate Prisalent State: Disbursement For: Senate Primary General Other (specify)  Office Sought: House Disbursement For: Senate Primary General State: District: District: Senate President Senate Primary General Other (specify)  Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item  State: District: Memo Item  Substortal of Disbursement This Page (optional)					ווך			D . CDA	4D F 400	2	
Office Sought:	Candidate Name				/			_			riod
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought: House Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: State: District:  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate President Other (specify)  Mailing Address  City State Zip Code  President General President Other (specify)  Memo Item  State: District: Memo Item  Substoral Other (specify)  Memo Item  Substoral Other (specify)  Memo Item	Office Sought: House Dishuse	nent For			_  I					11.90	П
State: District: Other (specify) ▼    Memo Item			General				7	-		. 1.50	_
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City		,	cify) 🔻			Mem	o Item				
Malling Address  City State Zip Code FEC Identification Number  Cardidate Name  Office Sought: House Primary General Primary General  Ctly State Zip Code  President Other (specify)  Malling Address  City State Zip Code  Primary General Other (specify)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Type  Type  Ctly State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Tech Identification Number  Chandidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Senate President State: District:  Memo Item  Subtrotal of Disbursements This Page (optional)											
City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code Primary General Other (specify)  Date of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  President State: District:  Category/ Type  Categ	,					Date of F	)ishureen	nent			
City  Purpose of Disbursement  Candidate Name  Office Sought:						M M			Y	Υ I Y	
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Primary General Disbursement For:  Senate Primary General Date of Disbursement  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Type  Category/ Type  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Disbursement	Mailing Address					L	L.	J L			
Candidate Name    Category/ Type	City	State	Zip Code			FEC Ider	tification	Numbe	r		
Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Memo Item  President State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  PEC Identification Number  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Senate Primary General Other (specify) Memo Item  State: District: Memo Item  Amount of Each Disbursement For:  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Substitute: District: Memo Item  Substitute: District: Memo Item  Amount of Each Disbursement this Period	Purpose of Disbursement				<del>,  </del>	С				7	
Office Sought: House Senate President State: District: Date of Disbursement For:    Mailing Address   Purpose of Disbursement   Purpose of Disbursem	Candidate Name				71,					-	
Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Type  Office Sought: Other (specify)  State: District: Memo Item  Amount of Each Disbursement this Period  Memo Item  FEC Identification Number  Category/ Type  Other (specify)  Memo Item  41.90	Candidate Name				/	Amount o	of Each [	Disburse	ment th	is Per	iod
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State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/  Office Sought: House Senate Primary General  Other (specify)  State: District:  Substoctal of Disbursements This Page (optional)		•									
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Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)										
City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District: Memo Item  41.90	C.					Date of [	Disbursen	nent			
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Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  State: District:  Substotal of Disbursements This Page (optional)											4
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrict: Memo Item  41.90	City	State	Zip Code			FEC Ider	ntification	Numbe	r		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				-11	C				7	
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substrict: Memo Item  41.90					<b>」</b> │				-	_	
Office Sought: House Senate Primary General President Other (specify) ▼  Substrict: Memo Item  Substrict: Also Also Also Also Also Also Also Also	Candidate Name				/	Amount o	of Each [	Disburse	ment th	is Per	riod
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	PAGE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)  College of American Pathologists P	,					
Full Name (Last, First, Middle Initial)  A. ANDY HARRIS FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 604			10 18 2016			
BEL AIR	State Zip Code MD 21014		FEC Identification Number			
Purpose of Disbursement  Candidate Name		Category/	C C00435974  Transaction ID : SB23.54450  Amount of Each Disbursement this Period			
Senate	nent For: 2016  Primary	Туре	1000.00 Memo Item			
Full Name (Last, First, Middle Initial)  B. BENNET FOR COLORADO  Mailing Address PO BOX 3078			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
DENVER	State Zip Code CO 80201		FEC Identification Number			
Purpose of Disbursement  Candidate Name		Category/ Type	C C00458398  Transaction ID : SB23.54451  Amount of Each Disbursement this Period			
x Senate	nent For: 2016 Primary <b>x</b> General Other (specify)		2000.00 Memo Item			
Full Name (Last, First, Middle Initial)  BILL NELSON FOR U S SENATE			Date of Disbursement			
Mailing Address 972 W WHITMIRE DRIVE			10 10 2016			
City S MELBOURNE Purpose of Disbursement	State Zip Code FL 32935		FEC Identification Number  C C00344051  Transaction ID: SB23.54415			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
x Senate	nent For: 2018  Primary General  Other (specify) ▼		1000.00  Memo Item			
SUBTOTAL of Disbursements This Page (optional)			4000.00			
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Check Gilly Gile)
		by any person for the purpose of soliciting contribution committee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)		
College of American Pathologists P	olitical Action Comm	ittee
Full Name (Last, First, Middle Initial)		Date of Disbursement
A. BRADY FOR CONGRESS		M   M   / D   D   / Y   Y   Y   Y
Mailing Address P.O. Box 8277		10 10 2016
,	tate Zip Code TX 77387	FEC Identification Number
1110 11000101100	TX 77387	
Purpose of Disbursement		C C00311043
Candidate Name		Transaction ID : SB23.54417
Carididate Name		Category/ Amount of Each Disbursement this Per Type
Office Sought: 🗶 House Disbursem	nent For: 2016	5000.00
	Primary General	7 7 7
	Other (specify) ▼	Memo Item
• • • • • • • • • • • • • • • • • • • •		
Full Name (Last, First, Middle Initial)  3. CARPER FOR SENATE		Date of Disbursement
Mailing Address P.O. BOX 2882		10 10 2016
,	State Zip Code	FEC Identification Number
WILMINGTON Purpose of Disbursement	DE 19805	0 000040047
. 4.,5000 0. 2.004.00		C C00349217
Candidate Name		Category/ Type  Transaction ID: SB23.54418  Amount of Each Disbursement this Per
Office Sought: House Disbursem	nent For: 2018	1500.00
x Senate	Primary General	4 4
State: DE District: 00	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		
CASTOR FOR CONGRESS		Date of Disbursement
Mailing Address 301 W PLATT STREET, #385		10 18 2016
City	state Zip Code	FFO Identification Number
TAMPA	FL 33606	FEC Identification Number
Purpose of Disbursement	1	C C00410761
Candidate Name		Transaction ID : SB23.54452  Category/ Amount of Each Disbursement this Per
Office Sought:  House Disbursem	nent For: 2016	Type 1000.00
	Primary 🙀 General	1000.00
	Other (specify)	П., ;
State: FL District: 14	<b>₹</b>	Memo Item
<u> </u>		770000
SUBTOTAL of Disbursements This Page (optional)		7500.00
TOTAL This Period (last page this line number only).		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  College of American Pathologists F	•		
Full Name (Last, First, Middle Initial)  A. COLLINS FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 386			10 18 2016
CLARENCE	State Zip Code NY 14031		FEC Identification Number
Purpose of Disbursement  Candidate Name		Category/	C C00520379  Transaction ID : SB23.54454  Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary 🗶 General Other (specify) 🔻	Type	2000.00 Memo Item
State: NY District: 27  Full Name (Last, First, Middle Initial)  B. COMMITTEE TO RE-ELECT LIND	OA SANCHEZ		Date of Disbursement
Mailing Address 410 1ST ST SE SUITE 310			10 10 7 2016
WASHINGTON	State Zip Code DC 20003		FEC Identification Number
Purpose of Disbursement  Candidate Name		Category/ Type	C C00384057  Transaction ID: SB23.54419  Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary 🗶 General Other (specify)	.,,,,	5000.00 Memo Item
State: CA District: 38  Full Name (Last, First, Middle Initial)			I Wellie Relli
C. Congressman Joe Barton Committe	ee		Date of Disbursement
Mailing Address P. O. Box 1444	- Inc.		10 10 2016
City S Ennis Purpose of Disbursement	State Zip Code TX 75120		FEC Identification Number  C  Transaction ID : SB23.54444
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate President	nent For: 2016  Primary		5000.00 Memo Item
30			12000.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	12000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 24
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	Detailed Summary Page	21b 28a	22 <b>x</b> 23 26 27 28b 28c 29 30b
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or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
College of American Pathologists P	Political Action Com	nmittee	
Full Name (Last, First, Middle Initial)  DEVIN NUNES CAMPAIGN COMN	MITTEE		Date of Disbursement
" DEVIN NONES CAMPAIGN COM	VIIIIEE		M M / D D / Y Y Y
Mailing Address PO BOX 6545			10 18 2016
,	State Zip Code CA 93290		FEC Identification Number
Purpose of Disbursement	00200		C C00370056
			Transaction ID : SB23.54455
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: Y House Disbursem	nent For: 2016	Туре	1000.00
	Primary		7 7 7
	Other (specify) ▼		Memo Item
State: CA District: 22			Wienie Rein
Full Name (Last, First, Middle Initial)			
3. ENGEL FOR CONGRESS			Date of Disbursement
Mailing Address 462 California Road			10 10 2016
,	State Zip Code		FEC Identification Number
Bronxville Purpose of Disbursement	NY 10708		C C00236513
Candidate Name		Category/	Transaction ID: SB23.54421 Amount of Each Disbursement this Period
		Type	5000.00
	nent For: 2016 Primary 🗶 General		5000.00
	Primary General Other (specify)		П.,
State: NY District: 16	(1 )/		Memo Item
Full Name (Last, First, Middle Initial)			
FRIENDS OF DICK DURBIN COM	MITTEE		Date of Disbursement
Mailing Address P O BOX 1949			10 10 2016
Mailing Address POBOX 1949			10 2010
City	State Zip Code		FEC Identification Number
SPRINGFIELD Purpose of Disbursement	IL 62705		0 000440000
i dipose of bisbursement			C C00148999
Candidate Name		Category/	Transaction ID: SB23.54422  Amount of Each Disbursement this Period
		Туре	100000
Conoto	nent For: 2018		1000.00
	Primary General Other (specify) ▼		п.,
State: IL District: 00	»· (-  <i>)</i> / <b>\</b>		Memo Item
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SUBTOTAL of Disbursements This Page (optional)		·····	7000.00
TOTAL This Period (last page this line number only).			
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	
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	nittee	
Full Name (Last, First, Middle Initial)  A. FRIENDS OF ERIK PAULSEN			Date of Disbursement
Mailing Address P.O. Box 44369 250 Prairie Center Drive			10 10 2016
,	State Zip Code		FEC Identification Number
Eden Prairie	MN 55344		
Purpose of Disbursement			C C00439661  Transaction ID : SB23.54423
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought:      House   Disburser   Senate	ment For: 2016 Primary	.,,,,,	2000.00
State: MN District: 03	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF SUSAN BROOKS			Date of Disbursement
Mailing Address 9425 N MERIDIAN ST # 237			10 18 2016
City INDIANAPOLIS	State Zip Code IN 46260		FEC Identification Number
Purpose of Disbursement	1.0200		C C00500207
Candidate Name		Category/ Type	Transaction ID: SB23.54456 Amount of Each Disbursement this Period
	ment For: 2016 Primary	Nt	1000.00
State: IN District: 05	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  C. Gene Green Congressional Campa	aign		Date of Disbursement
Mailing Address P.O. Box 16128	9		M M / D D / Y Y Y Y Y 1 1 1 1 2 1 1 6 1 6 1 6 1 6 1 6 1 6 1 6
City	State Zip Code		
Houston	TX 77222		FEC Identification Number
Purpose of Disbursement			C C00254185
Candidate Name		Category/	Transaction ID : SB23.54424 Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2016	Туре	5000.00
Senate President	Primary <b>★</b> General Other (specify) ▼		Memo Item
State: TX District: 29			
SUBTOTAL of Disbursements This Page (optional)			8000.00
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TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate sched	dule(s)	FOR LINE N		24
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary	of the	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)  College of American Pathologists P					
Full Name (Last, First, Middle Initial)  A. GRASSLEY COMMITTEE				Date of Disbursement	1
Mailing Address PO BOX 1000				10 18 2016	
DES MOINES	State Zip Code IA 50304	е		FEC Identification Number	
Purpose of Disbursement  Candidate Name			Category/	C C00230482  Transaction ID : SB23.54458  Amount of Each Disbursement this Per	riod
x Senate	,	neral	Type	1000.00	
State: IA District: 00	Other (specify) ▼			Memo Item	
Full Name (Last, First, Middle Initial)  B. GREGG HARPER FOR CONGRES  Mailing Address - DONE OFFICE DONE 1944	SS			Date of Disbursement	1
Mailing Address POST OFFICE BOX 54344	7:- 01			10 10 2016	_
PEARL	State Zip Code MS 39288	e 		FEC Identification Number	
Purpose of Disbursement  Candidate Name		C	Category/	C C00441295  Transaction ID : SB23.54425  Amount of Each Disbursement this Per	riod
Senate	, ,	neral	Туре	2500.00	_
State: MS District: 03	Other (specify)			Memo Item	
Full Name (Last, First, Middle Initial)  GUTHRIE FOR CONGRESS				Date of Disbursement	_
Mailing Address P.O. Box 9639				10 18 2016	J
,	State Zip Code KY 42102	e		FEC Identification Number  C C00445023	
Candidate Name			Category/	Transaction ID : SB23.54459 Amount of Each Disbursement this Per	riod
Senate	nent For: 2016 Primary 🗶 Ger Other (specify) 🔻	neral	7	1000.00 Memo Item	
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ITEMIZED DISBURSEMENTS	Use separate schedul for each category of t	he Concor only	/ one) 22 <b>X</b> 23 26 27
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Any information copied from such Reports and Statem	nents may not be sold o	or used by any pers	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	ne and address of any p	political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  College of American Pathologists F	Political Action Co	ommittee	
Full Name (Last, First, Middle Initial)			
A. Hoyer for Congress			Date of Disbursement
Mailing Address 700 13TH STREET, NW SUITE 600			10 10 2016
City S WASHINGTON	State Zip Code 20005		FEC Identification Number
Purpose of Disbursement			C C00140715
Candidate Name			Transaction ID : SB23.54426
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2016		3500.00
	Primary <b>x</b> Gener Other (specify) ▼	al	П
State: MD District: 05	canor (openny) V		Memo Item
Full Name (Last, First, Middle Initial)			
B. JOE KENNEDY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 590464			10 18 2016
,	State Zip Code MA 02459		FEC Identification Number
NEWTON Purpose of Disbursement	MA 02459		C C00512970
			Transaction ID : SB23.54460
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: 2016	Type	1000.00
	Primary Gener Other (specify)	al	
State: MA District: 04	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
C. JOHN S FUND			Date of Disbursement
Mailing Address PO BOX 853			10 10 2016
,	State Zip Code IL 62025		FEC Identification Number
EDWARDSVILLE Purpose of Disbursement	IL 62025		C C00390831
			Transaction ID : SB23.54427
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2016	.,,,,,	1000.00
Propident	Other (specify) —	al	
State: District:	Other (specify) ▼ OTHE	R	Memo Item
,			5500.00
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TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedul	e(s) FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	he Concor only	22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  College of American Pathologists P			
Full Name (Last, First, Middle Initial)  A. KURT SCHRADER FOR CONGRE	ESS		Date of Disbursement
Mailing Address P.O. BOX 3314			10 18 2016
	State Zip Code OR 97045		FEC Identification Number
Candidate Name		Category/	C C00446906  Transaction ID : SB23.54461  Amount of Each Disbursement this Period
Senate	nent For: 2016  Primary  Gener  Other (specify)	Type al	1000.00  Memo Item
Full Name (Last, First, Middle Initial)  B. MATSUI FOR CONGRESS  Mailing Address P.O. BOX 1738			Date of Disbursement  10
SACRAMENTO	State Zip Code CA 95812		FEC Identification Number
Purpose of Disbursement  Candidate Name		Category/ Type	C C00409219  Transaction ID : SB23.54462  Amount of Each Disbursement this Period
Senate President	nent For: 2016 Primary <b>x</b> Gener Other (specify)	al	1000.00 Memo Item
Full Name (Last, First, Middle Initial)  MICHAEL BURGESS FOR CONGR	RESS		Date of Disbursement
Mailing Address P.O. BOX 2334			10 18 2016
,	State Zip Code TX 76202		FEC Identification Number  C C00372532  Transaction ID : SB23.54463
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary	al	3000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		<b></b>	5000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-			
NAME OF COMMITTEE (In Full)  College of American Pathologists P			
Full Name (Last, First, Middle Initial)  A. MIKE THOMPSON FOR CONGRE	SS		Date of Disbursement
Mailing Address 5429 Madison Avenue			10 10 2016
Sacramento	State Zip Code CA 95841		FEC Identification Number
Purpose of Disbursement  Candidate Name		Category/	C C00326363  Transaction ID : SB23.54428  Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify)	Type	2500.00 Memo Item
Full Name (Last, First, Middle Initial)  B. NANCY PELOSI FOR CONGRESS  Mailing Address 700 13TH STREET, NW SUITE 600	5		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON	State Zip Code 20005		FEC Identification Number
Purpose of Disbursement  Candidate Name		Category/ Type	C C00213512  Transaction ID: SB23.54429  Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary  General Other (specify)	71	4000.00 Memo Item
Full Name (Last, First, Middle Initial)  PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3176			10 10 2016
,	State Zip Code NJ 07740		FEC Identification Number  C C00226928  Transaction ID: SB23.54430
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify) ▼		5000.00 Memo Item
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TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	•
	for each category of the Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  College of American Pathologists P			
Full Name (Last, First, Middle Initial)  A. Pioneer PAC			Date of Disbursement
Mailing Address 701 8TH STREET, NW SUITE 500			10 10 2016
,	State Zip Code 20001		FEC Identification Number
Candidate Name		Category/	C C00325357  Transaction ID : SB23.54432  Amount of Each Disbursement this Period
Senate	nent For: 2016  Primary General  Other (specify)	Type	1500.00
State: District:	OTHER		Memo Item
Full Name (Last, First, Middle Initial)  B. PORTMAN FOR SENATE COMMI  Mailing Address 9856 ARCHER LANE	TTEE		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code OH 43017		FEC Identification Number
Purpose of Disbursement  Candidate Name		Category/ Type	C C00458463  Transaction ID: SB23.54433  Amount of Each Disbursement this Period
Senate President	nent For: 2016 Primary <b>x</b> General Other (specify)	Nr.	5000.00 Memo Item
State: OH District: 00  Full Name (Last, First, Middle Initial)  C- Price for Congress			Date of Disbursement
Mailing Address P.O. Box 425			10 10 2016
•	State Zip Code GA 30077		FEC Identification Number
Candidate Name		Category/ Type	Transaction ID: SB23.54434 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary  General Other (specify)		3000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	9500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	
Any information copied from such Reports and State			
or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) College of American Pathologists			Solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. PROSPERITY ACTION INC.			Date of Disbursement
Mailing Address 320 1ST STREET SE			10 10 2016
City WASHINGTON	State Zip Code 22314		FEC Identification Number
Purpose of Disbursement  Candidate Name	[	Category/ Type	C C00377689  Transaction ID : SB23.54435  Amount of Each Disbursement this Period
Office Sought: House Disburs: Senate President	ement For: 2016  Primary General  Other (specify) ▼	1300	1500.00 Memo Item
State: District:  Full Name (Last, First, Middle Initial)	OTHER		Wellio Relli
B. RICHARD BURR COMMITTEE  Mailing Address POST OFFICE BOX 5928			Date of Disbursement  10 10 2016
City WINSTON-SALEM Purpose of Disbursement	State Zip Code NC 27113		FEC Identification Number  C C00385526
Candidate Name  Office Sought:  House Senate President	ement For: 2016 Primary X General	Category/ Type	Transaction ID: SB23.54438 Amount of Each Disbursement this Period 3000.00
State: NC District: 00	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  C. RYAN FOR CONGRESS  Mailing Address P.O. BOX 1488			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		FEC Identification Number
Janesville Purpose of Disbursement  Candidate Name	WI 53547	Category/	C C00330894  Transaction ID : SB23.54439  Amount of Each Disbursement this Period
Office Sought:    W   House   Disburs	ement For: 2016  Primary X General  Other (specify)	Туре	3000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····•	7500.00
TOTAL This Period (last page this line number onl	y)		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 <b>x</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
College of American Pathologists P	Political Action Comr	mittee	
Full Name (Last, First, Middle Initial)			Data of Dishumannant
A. SCALISE FOR CONGRESS  Mailing Address P.O. BOX 23219			Date of Disbursement  10 10 2016
			, , , , , , , , , , , , , , , , , , ,
City S JEFFERSON	Etate Zip Code LA 70183-3219		FEC Identification Number
Purpose of Disbursement	70103-3219		0
r dipose of bisbursement			C C00394957
Candidate Name			Transaction ID : SB23.54441
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Disburser	nent For: 2016	Турс	4000.00
	Primary <b>x</b> General		7 7 7
	Other (specify) ▼		Memo Item
• •			
Full Name (Last, First, Middle Initial)  B. SUPPORT TO ENSURE VICTORY EVE	RYWHERE PAC-STE	VE PAC	Date of Disbursement
Mailing Address 228 S WASHINGTON ST SUITE 115			10 18 2016
,	State Zip Code VA 22314		FEC Identification Number
Purpose of Disbursement	22011		C C00501478
Candidate Name		Category/ Type	Transaction ID : SB23.54464 Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2016	туре	5000.00
Senate	Primary General		
State: President  District:	Other (specify) OTHER		Memo Item
Full Name (Last, First, Middle Initial)  TEXAS FREEDOM FUND			Date of Disbursement
Mailing Address 9909 CRESTVIEW DRIVE			10 10 2016
City	State Zip Code		FFC Identification Number
DENTON	TX 76207		FEC Identification Number
Purpose of Disbursement	,		C C00340661
Candidate Name		Category/ Type	Transaction ID : SB23.54443 Amount of Each Disbursement this Period
	nent For: 2016 Primary General	Туре	1000.00
President State: District:	Other (specify) ▼ OTHER		Memo Item
otato. District.	OTHER		
SUBTOTAL of Disbursements This Page (optional)			10000.00
ODDITINE OF DISDUISEMENTS THIS Page (optional)		······	4
TOTAL This Period (last page this line number only).			

Transaction ID: SB23.54446  Amount of Each Category of the Detailed Summary Page  Detailed Summary Page	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. TIBERI FOR CONGRESS  Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190  City COLUMBUS OH 43231  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought:		for each category of the Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b
NAME OF COMMITTEE (in Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. TIBERI FOR CONGRESS  Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190  City COLUMBUS  Colling Col				
A. TIBERI FOR CONGRESS  Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190  City COLUMBUS Purpose of Disbursement Candidate Name  Cifice Sought:	NAME OF COMMITTEE (In Full)			
City COLUMBUS COLUMBUS Purpose of Disbursement Candidate Name  Category/ Type  Office Sought:	_			
COLIMBUS Purpose of Disbursement Candidate Name  Office Sought:	•	D		10 10 2016
Candidate Name  Category/ Type  Office Sought:	COLUMBUS	·		
Office Sought:				
Full Name (Last, First, Middle Initial)  3. UPTON FOR ALL OF US  Mailing Address P.O. BOX 490  City ST JOSEPH Purpose of Disbursement  Candidate Name  Office Sought:  X House President State: MI District: 06  Full Name (Last, First, Middle Initial)  VOICE FOR FREEDOM  Mailing Address 2700 CUMBERLAND PARKWAY SUITE 150  City ATLANTA Purpose of Disbursement  Candidate Name  District: 06  State GA 30339  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Date of Disbursement  Date of Disbursement  FEC Identification Number  Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID : SB23.54447  Amount of Each Disbursement this Perivacy  Category/ Type  Office Sought:  House Senate Primary General President  Memo Item  FEC Identification Number  Category/ Type  Transaction ID : SB23.54447  Amount of Each Disbursement this Perivacy  Category/ Type  Memo Item  Memo Item  Memo Item  Memo Item	Senate President	Primary General	Туре	
ST JOSEPH Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought:	Full Name (Last, First, Middle Initial)  3. UPTON FOR ALL OF US			M = M / D = D / Y = Y = Y
Candidate Name  Category/ Type  Office Sought:	ST JOSEPH	_ ·		
Office Sought:	·			
Full Name (Last, First, Middle Initial)  VOICE FOR FREEDOM  Mailing Address 2700 CUMBERLAND PARKWAY SUITE 150  City ATLANTA Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate President  Disbursement For: 2016  Senate Primary Other (specify)  Memo Item  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: SB23.54447  Amount of Each Disbursement this Periodent  Memo Item	Senate President	Primary General		
Mailing Address 2700 CUMBERLAND PARKWAY SUITE 150  City ATLANTA Purpose of Disbursement  Candidate Name  Office Sought:  House Senate President President  Disbursement For: 2016  Senate President  Memo Item  10 10 2016  FEC Identification Number  Coud409805  Transaction ID: SB23.54447  Amount of Each Disbursement this Period  1000.00  Memo Item	Full Name (Last, First, Middle Initial)			
ATLANTA Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate President President  Other (specify)  Memo Item				
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President President  Category/ Type  Amount of Each Disbursement this Period  1000.00  Memo Item	ATLANTA	'		C C00409805
Senate Primary General Other (specify) ▼  Memo Item	Candidate Name			Amount of Each Disbursement this Period
	Senate President	Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	5500.00

SCHEDULE B (FEC Form 3X)	Lice congrate cohedule(c)	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one)  22
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
College of American Pathologists P	Political Action Comm	ittee	
Full Name (Last, First, Middle Initial)  VOLUNTEERS FOR SHIMKUS			Date of Disbursement
Mailing Address P.O. BOX 661			10 10 2016
City S COLLINSVILLE	State Zip Code IL 62234-0661		FEC Identification Number
Purpose of Disbursement	1		C C00258855 Transaction ID : SB23.54448
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2016  Primary		4000.00
State: IL District: 15	(1 3/ 1		Memo Item
Full Name (Last, First, Middle Initial)  3. WALDEN FOR CONGRESS INC  Mailing Address PO Box 1091			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code		10 10 2010
The state of the s	OR 97031		FEC Identification Number
Purpose of Disbursement			C C00333427  Transaction ID : SB23.54449
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary		3000.00
State: OR District: 02	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M M / D D / Y Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement			C
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
State: District:			Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····•	7000.00
TOTAL This Period (last page this line number only).			104500.00