(Choose One) Report 1 00 10 (Mar) 1 00 (Mar) 1	mada# 201001240142050074		01/24/2019 10
NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing. type over the lines. 12FE4M5 College of American Pathologists Political Action Committee 1001 G Street NW 1001 G Street NW 1001 G Street NW DDRESS (number and street) 1001 G Street NW Suite 425 West 0 0 Check if different than previously reported. (ACC) Suite 425 West 0 0 0 C C00274944 CitY ▲ STATE ▲ ZIP CODE ▲ C C00274944 3. IS THIS REPORT NEW (N) AMENDED (A) C C00274944 (b) Monthly Papertant Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M9) Quarterly Reports: April 15 Quarterly Report (201) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M0) Jan 31 (1000 C) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M1) Jan 31 (1000 C) Report 1000 C) Report 100 C)	FEC	AND DISBURSEMENTS	
College of American Pathologists Political Action Committee DDRESS (number and street) [1001 G Street NW] Check if different than previously reported (ACC) [Suite 425 West] Check if different than previously reported (ACC) [Suite 425 West] Check if different than previously reported (ACC) [Suite 425 West] Check if different than previously reported (ACC) [Suite 425 West] C C00274944 [Suite 425 West] (a) Cuarterly Reports: [Suite 425 West] C April 15 [C (D) Monthly Per Eb 20 (M2) [May 20 (M5) [Aug 20 (M6) [Nov 20 (M6) July 15 [C (D) Monthly PRE-Election Per Eb Report (O2) [Apr 20 (M4) [Jul 20 (M7) [Oct 20 (M10)] [Jan 31 (C (D) Prevention f12C) [Special (12S) [G (J) July 31 Mid/Year Report (O2) [Apr 20 (M4) [Jul 20 (M7) [See 20 (M9] [See 20 (M9] [See 20 (M9] [See 20 (M6] <td></td> <td></td> <td></td>			
NDDRESS (number and street) Image: Street interview of the street interview of			
Check if different than previously reported. (ACC) Washington PEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) (a) Cuarterly Reports: (b) Monthly Report (D) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M0) (a) Cuarterly Report (D) (b) Monthly Report (D) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Dec 20 (M9) (a) Quarterly Report (D) (b) Monthly Report (D) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jul an 31 (C) (c) Liz-Day PRE-Election Report for the: Convention (12C) Special (12G) Runoff (1 January 31 (Ster Only) (M1) January 31 (Ster Only) (M1) Election on State of State of (d) 30-Day Prost-Election Report for the: Convention (12C) Special (30G) Runoff (30R) Special (20) (d) 30-Day POST-Election Report for the: Election on State of State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (20) <	DDRESS (number and street)		
C C00274944 3. IS THIS REPORT NEW (N) AMENDED (A) A. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Monthly (A) (a) Quarterly Reports: (b) Monthly Quarterly Report (Q1) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M9) (c) 12-Day Quarterly Report (Q2) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jana 31 (PRE-Election Report for the: (c) 12-Day Pre-Election Year Child Mid-Year Report (Non-election Year Only) (MY) Feb 20 (M2) Primary (12P) General (12G) Runoff (1 State of (d) 30-Day POST-Election Year Only) (MY) Election on Mar / Dub / Unit State of State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (2 State of (c) Covering Period 11 27 2018 through 12 31 2018	Check if different than previously		
(Choose One) (e) Report Peb 20 (M2) (May 20 (M3)) Aug 20 (M3) (May 20 (M3)) (May 20		3. IS THIS NEW	
July 15 Quarterly Report (Q2) PRE-Election General (12G) Runoff (1 Quarterly Report (Q2) October 15 Quarterly Report (Q3) Heport for the: Convention (12C) Special (12S) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Mind Image: Convention (12C) Special (12S) July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Image: Convention (12C) Special (30G) Runoff (30R) Special (30R) (d) 30-Day POST-Election General (30G) Runoff (30R) Special (30R) in the State of Image: Converting Period Image: Convert Period	(Choose One) (a) Quarterly Reports:	Report Image: Construction Image: Construction Image: Construction Due On: Image: Construction Image: Construction Image: Construction Image: Construction Image: Construction Image: Construction Image: Construction	//on-Election (Non-Election //6) Sep 20 (M9) Dec 20 (M (Non-Election Year Only)
January 31 Year-End Report (YE) Image: All of the state of the	July 15 Quarterly Report (October 15	(c) 12-Day Primary (12P) PRE-Election Report for the: Convention (12C) Q3)	Special (12S)
Termination Report (TER) Election on Image: Comparison of the state of the	Year-End Report (July 31 Mid-Year Report (Non-electi	YE) Election on (d) 30-Day POST-Election General (30G)	State of
certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Konnick, Eric, , Dr., MD,MS		M = M / D = D	
Konnick, Eric, , Dr., MD,MS			
		Konnick, Eric, , Dr., MD,MS	s true, correct and complete.

Date

NOTE	Submission of false,	erroneous	or incomplete	information m	nav subject the	person signing	this Report to the	e penalties of 5	52 U S C & 3010)9
		000,				po. oo o.g		, ponanio o o		

Signature of Treasurer

Office Use Only	FEC FORM 3X Rev. 05/2016
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	M / D D / Y Y Y Y 27 2018 To	12 31 Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		435671.14
	(b) Cash on Hand at Beginning of Reporting Period	411551.14	
	(c) Total Receipts (from Line 19)	17040.00	197519.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	428591.14	633190.14
7.	Total Disbursements (from Line 31)	6080.00	210679.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	422511.14	422511.14
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

Image#	201901	249143	8950973
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

R	eport Covering the Period: From: 11	27 2018 To	o: 12 31 2018
	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)	12000.00	173560.00
	(ii) Unitemized	5040.00	23959.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	17040.00	197519.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	17040.00	197519.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	17040.00	197519.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17040.00	197519.00

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)			
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
	Derating 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	80.00	729.00	
(c) Total Operating Expenditures			
-	(add 21(a)(i), (a)(ii), and (b))►	80.00	729.00	
C	ransfers to Affiliated/Other Party Committees	0.00	0.00	
F	Contributions to Federal Candidates/Committees Ind Other Political Committees	6000.00	209950.00	
()	ndependent Expenditures use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(52 U.S.C. § 30116(d)) use Schedule F)	0.00	0.00	
L	oan Repayments Made	0.00	0.00	
	oans Made Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Pe	a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00	
	Other Disbursements (Including Jon-Federal Donations)	0.00	0.00	
F	ederal Election Activity (52 U.S.C. § 30101(2 a) Allocated Federal Election Activity (from Schedule H6)	4 4 4		
	(i) Federal Share	0.00	0.00	
((ii) "Levin" Shareb) Federal Election Activity Paid	0.00	0.00	
` ((Entirely With Federal Funds c) Total Federal Election Activity (add	0.00	0.00	
`	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
	otal Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6080.00	210679.00	
	otal Federal Disbursements			
	subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)▶	6080.00	210679.00	

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

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729.00				—	
	-7		-7	<u></u>	
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0.00	-7		-7	 L.	. 1
729.00					

COLUMN B

Calendar Year-to-Date



FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)			
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1			
			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) College of American Patholo	ogists Politica	al Action Committee				
Full Name of Individual (Last, First, Midd A. Bauer, Maureen, S, Dr, MD	le Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 705 South Bend Dr			M M / D D / Y Y Y Y 12 19 2018			
City Durham	State NC	Zip Code 27713-6194	Transaction ID : SA11AI.56847 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		300.00			
Name of Employer (for Individual) Duke University Hospital		upation (for Individual) nologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]			
Full Name of Individual (Last, First, Midd B. Bean, Sarah, Muntzing, Dr., MD		rganization Name	Date of Receipt			
Mailing Address 3501 Pony Soldier Dr			12 05 Y Y Y Y 2018			
City Apex	State NC	Zip Code 27539-6899	Transaction ID : SA11AI.56809 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual) Duke Univ Hosp & Health System		upation (for Individual) nologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
Full Name of Individual (Last, First, Midd C. Buck, Thomas, Parker, Dr., M		rganization Name	Date of Receipt			
Mailing Address 17 Green Briar			12 / D D / Y Y Y Y 12 12 2018			
City Glastonbury	State CT	Zip Code 06033-1469	Transaction ID : SA11AI.56825 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer (for Individual) Beth Israel Deaconess Med Ctr Receipt For:	Path	upation (for Individual) ologist	Memo Item			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]			
SUBTOTAL of Receipts This Page (optional	al)		900.00			
TOTAL This Period (last page this line nur	nber only)					

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
angle College of American Patholo	ogists Politica	al Action Committee								
Full Name of Individual (Last, First, Midd Chopra, Usha, G., Dr., MD	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7th Fl Path 565 Abbott Rd			12 13 2018							
City	State	Zip Code	Transaction ID : SA11AI.56829							
Buffalo	NY	14220-2039	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		200.00							
Name of Employer (for Individual) Mercy Hospital of Buffalo		upation (for Individual) nologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General Other (specify) ▼		405.00]							
Full Name of Individual (Last, First, Midd		rganization Name								
B. Crawford, James, M, Dr., MD, F	'nD		Date of Receipt							
Mailing Address 300 Community Dr			12 27 2018							
City	State	Zip Code	Transaction ID : SA11AI.56878							
Manhasset	NY	11030-3816	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		2500.00							
Name of Employer (for Individual) Northwell Health System		upation (for Individual) nologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General Other (specify) ▼		5000.00	1							
		<u> </u>	1							
Full Name of Individual (Last, First, Midd C. Eldin, Karen, Wiedemann, Dr.		rganization Name	Date of Receipt							
Mailing Address 2210 W Holcombe Blvd			M M / D D / Y Y Y Y 12 21 2018							
City	State	Zip Code	Transaction ID : SA11AI.56852							
Houston	ТХ	77030-2088	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Texas Childrens Hosp Receipt For:	I	ologist	_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		300.00								
SUBTOTAL of Receipts This Page (optional	al)		2800.00							
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	-	Use separate schedule(s)	(check only one)						
II EIWIIZED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) College of American Pathol	ogists Politica	al Action Committee							
Full Name of Individual (Last, First, Mide Frazier Jr, Robert, Anthony, Dr., MI		rganization Name	Date of Receipt						
Mailing Address 733 Boush St Ste 200			11 27 2018						
City Norfolk	State VA	Zip Code 23510-1501	Transaction ID : SA11AI.56782 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		1000.00						
Name of Employer (for Individual) Dominion Pathology Laboratories Receipt For:	Path	upation (for Individual) nologist	Memo Item						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name of Individual (Last, First, Mido B. Gochman, Gary, A, Dr., MD	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 16452 Sundancer Ln			12 16 2018						
City Huntington Beach	State CA	Zip Code 92649-2532	Transaction ID : SA11AI.56832 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Kaiser Foundation Hosp Downey		upation (for Individual) nologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name of Individual (Last, First, Mide C. Grabbe, John, Peter, Dr., MD		rganization Name	Date of Receipt						
Mailing Address Dept of Path 1493 Cambridge St			12 / D D / Y Y Y Y 12 19 2018						
Cambridge	State MA	Zip Code 02139-1047	Transaction ID : SA11AI.56842 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Cambridge Health Alliance		upation (for Individual) ologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]						
SUBTOTAL of Receipts This Page (option	al)		1500.00						
TOTAL This Period (last page this line nu	mber only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

171	EMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)						
			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c		2 6	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose o	f solicitin	g cont	ributio	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	College of American Pathologist	s Politica	I Action Committee								
A.	Full Name of Individual (Last, First, Middle Initi Hussong, Jerry, W, Dr., MD, DDS	al) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 10011 Stonelake Blvd 454				12 ^M	1	10		y 201	8	ſ
	City	State TX	Zip Code					: SA11AI			
	Austin		78759-5825		Amoun	t of	Each I	Receipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	С							2	250.00)
	Name of Employer (for Individual)	Occu	pation (for Individual)		М	emo	tem				
	Sonic Healthcare USA	Path	ologist								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		750.00	11							
			100.00	41.							
в.	Full Name of Individual (Last, First, Middle Initi Konnick, Eric, , Dr., MD, MS	al) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 1814 NW 77th St				M M 12	/	11		201	8	
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	.56817	,	
	Seattle	WA	98117-5447					Receipt t			
	FEC ID number of contributing federal political committee.	С					-			25.00)
	Name of Employer (for Individual) University of Washington Medical Cente		upation (for Individual) nologist		М	emo	ttem				
	Receipt For:		Year-to-Date ▼								
	Primary General			11.							
	Other (specify)	L	, 275.00	4							
с.	Full Name of Individual (Last, First, Middle Initi Lancet, Frederick, C, Dr., MD	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address Department of Pathology 2001 W 68th St				M M 11	1	27		201		
	City Hialeah	State FL	Zip Code 33016-1801					: SA11AI			
			33010-1801		Amoun	t of	Each I	Receipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	С			Ľ.		y		2	250.00)
	Name of Employer (for Individual)	Occu	pation (for Individual)		M	lemo	o Item				
	Palmetto General Hospital	Path	ologist								
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻								
	Other (specify)		250.00								
	UBTOTAL of Receipts This Page (optional)			▶ ►		-	, .		Ę	525.00)

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PAGE 10 OF

	Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Path	ologists Politica	al Action Committee	
Full Name of Individual (Last, First, I A. Le, Mary, D, Dr., MD	<i>l</i> iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2923 W Academy A	/e		12 04 2018
City Anaheim	State CA	Zip Code 92804-2038	Transaction ID : SA11AI.56800 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) LA County/Harbor UCLA Med Ctr		upation (for Individual) nologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1
Full Name of Individual (Last, First, I Leon, Marino, Enrique, Dr., N		rganization Name	Date of Receipt
Mailing Address 17837 Stella Moon F			12 / D D / Y Y Y Y Y 19 2018
City Lutz	State	Zip Code 33558-6106	Transaction ID : SA11AI.56846 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) University of Florida		upation (for Individual) hologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, I c. Luk Jr, Lincoln, , Dr., MD	<i>I</i> iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1086 Snyder Ln			12 / D D / Y Y Y Y 12 26 2018
City Monterey Park	State CA	Zip Code 91754-4760	Transaction ID : SA11AI.56865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer (for Individual) Centinela Hosp Med Health Center		upation (for Individual) ologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
SUBTOTAL of Receipts This Page (op	tional)		800.00
TOTAL This Period (last page this line	number only)		

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
angle College of American Pathol	logists Politica	al Action Committee	
Full Name of Individual (Last, First, Mid A. Lyle, Stephen, R, Dr., MD, PhD	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 156 Walnut St			M M / D D / Y Y Y Y 12 07 2018
City	State MA	Zip Code 02481-3335	Transaction ID : SA11AI.56813
Wellesley	IMA	02461-3335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
UMASS Mem Med Ctr Lab	Path	nologist	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		1250.00	1
		49. 49. 40.	1
Full Name of Individual (Last, First, Mid B. Pamatmat, Nestor, A., Dr., MD	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3333 N Seminary St			12 22 2018
City	State	Zip Code	Transaction ID : SA11AI.56854
Galesburg	IL	61401-1251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) OSF St. Mary Med Ctr		upation (for Individual) hologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			1
Other (specify) ▼		, 500.00	1
Full Name of Individual (Last, First, Mid Perrotta, Peter, Louis, Dr., M		rganization Name	Date of Receipt
Mailing Address Dept of Path PO Box 9203			12 03 Y Y Y Y Y 12 03 2018
City	State WV	Zip Code	Transaction ID : SA11AI.56792
Morgantown		26506-9203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
West Virginia Univ HSC	Path	ologist	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		225.00]
SUBTOTAL of Receipts This Page (option	nal)		875.00
TOTAL This Period (last page this line nu	imber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(chec	(check only one)							
		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17	
Any information copied from such Reports and or for commercial purposes, other than using the			person for	the p	ourp	ose of	soliciting	g contri	butio	ns	
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Politica	al Action Committee									
Full Name of Individual (Last, First, Middle I A. Rittershaus, Ahren, C, Dr., MD	nitial) or Full O	rganization Name	Da	ate of	Rec	ceipt					
Mailing Address 521 N East St				11	1	D D 27	/ Y	2018		1	
City Raleigh	State NC	Zip Code 27604-1235					SA11AI. eceipt th		od	_	
FEC ID number of contributing federal political committee.	С					,		100	00.00		
Name of Employer (for Individual) Cary Gastroenterology Associates		upation (for Individual) nologist		Me	mo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
B. Full Name of Individual (Last, First, Middle I Rock, Leeann, M, Dr., MD Mailing Address 5812 Western View PI	nitial) or Full O	rganization Name		ate of	Rec	ceipt	/ Y	YY	Y ■ Y	_	
City	State	Zip Code		12 ransa	ectic	09 0 ID • 9	SA11AL	2018 56815			
Mount Airy	MD	21771-5802					eceipt th		od		
FEC ID number of contributing federal political committee.	С					,	1 41	25	50.00		
Name of Employer (for Individual) Frederick Mem Hosp		upation (for Individual) nologist		Me	mo	ltem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
Full Name of Individual (Last, First, Middle I C. Salam Host, Marguerite, M, Dr.,		rganization Name	Da	ate of	Rec	ceipt					
Mailing Address 797 Greens				12	/	D D D 30	/ Y	2018]	
City Dallas	State PA	Zip Code 18612-1864					SA11AI. eceipt th		od		
FEC ID number of contributing federal political committee.	С			_		y	, y	25	50.00		
Name of Employer (for Individual) Mercy Health Partners		upation (for Individual) ologist		Me	emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe						y		150	00.00	-	

Use separate schedule(s)

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PAGE 13 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	Use separate schedule(s)	(check only one)
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
College of American P	athologists Politica	al Action Committee	
Full Name of Individual (Last, Fir Scanlan, Richard, M, Dr., M		rganization Name	Date of Receipt
Mailing Address 01411 SW Radc	liffe Road		12 / Y Y Y Y 12 31 2018
City Portland	State	Zip Code 97219	Transaction ID : SA11AI.56887
		57215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual Oregon Health & Science Universi	, ,	upation (for Individual) nologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1500.00]
Full Name of Individual (Last, Fir B. Sriganeshan, Vathany, , I		rganization Name	Date of Receipt
Mailing Address Blum Bldg Rm 24 4300 Alton Rd	400		12 05 / Y Y Y Y 12 05 2018
City	State	Zip Code	Transaction ID : SA11AI.56810
Miami Beach	FL	33140-2948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual Scripps Clinic Medical Laboratory	,	upation (for Individual) nologist	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		500.00	1
Full Name of Individual (Last, Fir		rganization Name	
C. Trotter, Maureen, E, Dr.	, MD		Date of Receipt
Mailing Address Suite 102 1150 N 18th Stre	et		12 20 2018
City	State	Zip Code	Transaction ID : SA11AI.56848
Abilene	ТХ	79601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Оссі	upation (for Individual)	Memo Item
Clinical Pathology Associates	Path	ologist	
Receipt For:	Aggregate	Year-to-Date ▼ 250.00	1
Other (specify)		230.00	1
SUBTOTAL of Receipts This Page	(optional)	······]	1250.00
TOTAL This Period (last page this	line number only)		

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PAGE 14 OF

		Use separate schedule(s)	(check	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	F	111		11c	12	_	
Any information copied from such Reports and or for commercial purposes, other than using the			erson for							
		uness of any political contrintite		CON	indutio	110 110	JIII SUCH			
NAME OF COMMITTEE (In Full) College of American Pathologi	ists Politica	al Action Committee								
Full Name of Individual (Last, First, Middle I A. Valdes, Caroline, Leilani, Dr., MD	nitial) or Full C	rganization Name	Da	te of	Receip	ot				
Mailing Address 608 W Commercial St				[™]	/ D	22	/ Y	y y 2018	Y	
City Victoria	State TX	Zip Code 77901-6302					A11AI.	56853 is Period	_	
FEC ID number of contributing federal political committee.	С				-7-		7	50.0	00	
Name of Employer (for Individual) Regional Medical Laboratory		upation (for Individual) nologist		Mei	no Ite	m				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1							
Full Name of Individual (Last, First, Middle I B. Vincentelli, Cristina, , Dr., MD	nitial) or Full C	rganization Name	Da	te of	Receip	ot				
Mailing Address Dept of Path 4300 Alton Rd Ste 2400			M	[™]	/ D	30	/ Y	2018	Y	
City Miami Beach	State FL	Zip Code 33140-2948					A11AI.5 ceipt thi	56790 is Period		
FEC ID number of contributing federal political committee.	С				-9-			500.0	00	
Name of Employer (for Individual) Emory University Hospital		upation (for Individual) hologist		Mei	no Ite	m				
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		500.00]							
Full Name of Individual (Last, First, Middle I C. Volk, Emily, Ellen, Dr., MD, MBA		rganization Name	Da	te of	Receip	ot				
Mailing Address 219 Lamont Ave				11 ^M	/ D	27	/ Y	2018	Y	
City San Antonio	State TX	Zip Code 78209-3753					Ceipt thi	56778 is Period		
FEC ID number of contributing federal political committee.	С				y		9	25.	00	
Name of Employer (for Individual) University Health System		upation (for Individual) iologist		Me	no Ite	m				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4050.00	1							
SUBTOTAL of Receipts This Page (optional)					9		9	575.0	00	
TOTAL This Period (last page this line number	er only)				-		-			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholo	ogists Politica	al Action Committee	
Full Name of Individual (Last, First, Midd Volk, Emily, Ellen, Dr., MD, MBA	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 219 Lamont Ave			M M / D D / Y Y Y Y 12 21 2018
City San Antonio	State TX	Zip Code 78209-3753	Transaction ID : SA11AI.56851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) University Health System		upation (for Individual) nologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4075.00]
Full Name of Individual (Last, First, Midd B. Walters, Leslie, L, Dr, MD	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5604 Banister Ct			12 / D D / Y Y Y Y Y 2018
City Plano	State TX	Zip Code 75093-4227	Transaction ID : SA11AI.56791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Medical City Dallas Hospital		upation (for Individual) hologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250,00]
Full Name of Individual (Last, First, Midd C. Welsh, Jeff, A, Dr., MD	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address PO Box 2375			12 05 / Y Y Y Y 12 05
City West Columbia	State SC	Zip Code 29171-2375	Transaction ID : SA11AI.56807 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Lexington Medical Center		upation (for Individual) nologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (option	al)		525.00
TOTAL This Period (last page this line nur	nber only)		

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PAGE 16 OF

Use separate schedule	Use separate schedule(s)	(check onl	y one)	L			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	<i>,</i>
Any information copied from such Reports a or for commercial purposes, other than usir							
NAME OF COMMITTEE (In Full) College of American Patholo	-						
Full Name of Individual (Last, First, Midd A. Wilkenfeld, Jerome, S, Dr, MD	lle Initial) or Full O	rganization Name	Date o	f Receipt			
Mailing Address PO Box 690685			12 ^M	/ D D 18	/ Y	2018	Y
City Houston	State TX	Zip Code 77269-0685		action ID : :			
FEC ID number of contributing federal political committee.	C				і - тр.	250.0	0
Name of Employer (for Individual) North Cypress Medical Ctr		upation (for Individual) nologist	м	emo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]				
Full Name of Individual (Last, First, Midd B. Wilkinson, Brian, L, Dr., MD	lle Initial) or Full O	rganization Name	Date o	f Receipt			
Mailing Address 1313 66th St			M M 12	/ D D 23	/ Y	ү 2018	Y
City _Meridian	State MS	Zip Code 39305-1112		action ID : S			
FEC ID number of contributing federal political committee.	С				-	250.0	0
Name of Employer (for Individual) Diagnostic Tissue/Cytology Group		upation (for Individual) nologist	м	emo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]				
Full Name of Individual (Last, First, Midd C. Yorke, Rebecca, F, Dr., MD	lle Initial) or Full O	rganization Name	Date of	f Receipt			
Mailing Address 2504 Elmen St	1		12 ^M	/ D D 28	/ Y	үүү 2018	Y
City Houston	State TX	Zip Code 77019-6712		saction ID :			
FEC ID number of contributing federal political committee.	С				, y	250.0	0
Name of Employer (for Individual) Cypress Fairbanks Med Ctr		upation (for Individual) ologist	M	emo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]				
SUBTOTAL of Receipts This Page (option	al)					750.0	0
TOTAL This Period (last page this line nur	nber only)			1 40 1		12000.0	0

SCHEDULE B (FEC Form 3X)			FC	DR LIN	IE NUMBER: PAGE 17 OF 19
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page			nly one) b 22 23 26 27
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may ame and add	not be sold or used ress of any politica	d by I com	any po nmittee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political	Action Comm	itte	e	
Full Name (Last, First, Middle Initial) A. Sun Trust Bank					Date of Disbursement
Mailing Address P.O. Box 85024					12 20 2018
City Richmond	State VA	Zip Code 23285			FEC Identification Number
Purpose of Disbursement Dec-18 Suntrust Acct Analysis Fee					C Transaction ID : SB21B.56768
Candidate Name				egory/ /pe	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼			80.00
State: District: Full Name (Last, First, Middle Initial)					Memo Item
B					Date of Disbursement
Mailing Address					
City	State	Zip Code			FEC Identification Number
Purpose of Disbursement					C
Candidate Name				egory/ /pe	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General			
State: District:					Memo Item
Full Name (Last, First, Middle Initial)					Date of Disbursement
Mailing Address					
City	State	Zip Code			FEC Identification Number
Purpose of Disbursement		1	-	-	C
Candidate Name			Cate Ty	egory/ /pe	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	ement For: Primary	General			
State: District:	Other (spe	cify) 🔻			Memo Item
SUBTOTAL of Disbursements This Page (optional)				-	80.00
TOTAL This Period (last page this line number onli	y)			🕨	80.00

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
angle College of American Pathologists	Political	Action Com	mittee	
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address 1020 NORTH FAIRFAX STREET SUITE 201				12 27 2018
City	State	Zip Code		FEC Identification Number
ALEXANDRIA Purpose of Disbursement	VA	22314		C 000370470
				C C00379479
Candidate Name			Category/ Type	Transaction ID : SB23.56777 Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	2018	1990	1000.00
Senate	Primary	General		
State: District:	Other (spe	OTHER		Memo Item
Full Name (Last, First, Middle Initial)		Officia		
				Date of Disbursement
Mailing Address C/O T.FULKERSON, 660 PENN: SE, SUITE 201	SYLVANIA			12 27 2018
City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number
Purpose of Disbursement			· · · ·]	C C00348607
Candidate Name			Category/ Type	Transaction ID : SB23.56769 Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For: Primary	2018 General		1000.00
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				
LEADERSHIP AND ACCOUNTABILIT	Y ARE NA	ATIONAL KEYS	S PAC	Date of Disbursement
Mailing Address 1111 19TH STREET, NW SUITE 1100				12 / D D / Y Y Y Y Y 12 27 2018
City	State DC	Zip Code 20036		FEC Identification Number
WASHINGTON Purpose of Disbursement		20030		C C00492058
Candidate Name			Category/ Type	Transaction ID : SB23.56771 Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	2018	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1500.00
Senate	Primary	General		
State: District:	Other (spe			Memo Item
State. DISTICT.		OTHER		
SUBTOTAL of Disbursements This Page (optional)			k	3500.00
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TOTAL This Period (last page this line number only	y)		••••••	, ,

SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 19 OF 19
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check onl	y one)
		Summary Page	21b 28a	
Any information copied from such Reports and State or for commercial purposes, other than using the national states of the state				
NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political	Action Comr	nittee	
Full Name (Last, First, Middle Initial) A. REPUBLICAN MAJORITY FUND				Date of Disbursement
Mailing Address C/O LAURA RIZZO 1316 ALEXANDRIA AVE				12 27 2018
City	State VA	Zip Code		FEC Identification Number
Alexandria Purpose of Disbursement	VA	22308		C C00296640
			Transaction ID : SB23.56773	
Candidate Name Category/			Amount of Each Disbursement this Period	
Office Sought: House Disbursement For: 2018			1000.00	
Senate	Senate Primary General			
State: District:	Other (specify) ▼ OTHER			Memo Item
Full Name (Last, First, Middle Initial)		¢En		
B. ROUNDS FOR SENATE				Date of Disbursement
Mailing Address C/O PAULA DUKES 22 RIO VISTA LANE				12 / D D / Y Y Y Y 12 27 2018
City	State	Zip Code		FEC Identification Number
RICHMOND Purpose of Disbursement	RICHMOND VA 23226 Purpose of Disbursement			C C00532465
				Transaction ID : SB23.56774
Candidate Name Category/				Amount of Each Disbursement this Period
Office Sought: House Disbursement For: 2018			1500.00	
x Senate x				
State: SD District: 00	Other (spe	ecify)		Memo Item
State: SD District: 00 Full Name (Last, First, Middle Initial)				
C.				Date of Disbursement
Moiling Addross				M M / D D / Y Y Y Y
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Condidate Name				
Candidate Name Category/ Type				Amount of Each Disbursement this Period
Office Sought: House Disbursement For:				
Senate President	Primary General Other (specify) ▼			
State: District:	Other (spe	ouiy) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			····· ►	2500.00
TOTAL This Period (last page this line number onl	y)			6000.00