Image# 14970754065 PAGE 1 / 27

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
College of American F	Pathologists Political	Action Committee	
ADDRESS (number and street) ▼	1350 I Street, NW Suite 590		
Check if different than previously reported. (ACC)	Washington		DC 20005 -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00274944		IS THIS NET (N)	OR × AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		y 20 (M5) X Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only) 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election
(a) Quarterly Reports:	Ap	r 20 (M4) Jul	20 (M7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (October 15 Quarterly Report (Report for the:	Convention (120	Special (12S)
January 31 Year-End Report (El. al	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 0	7 01 / 2014	through	07
I certify that I have examined to	his Report and to the best o	f my knowledge and bel	ief it is true, correct and complete.
Type or Print Name of Treasure	Dr. Paula Pszypko		
Signature of Treasurer Dr.	Paula Pszypko	[Electronically F	iled] Date 09 11 2014
NOTE: Submission of false, error	neous, or incomplete information	on may subject the person	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 07 01 2014 To: 07 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6.	(a) Cash on Hand January 1, 2014		476964.56		
	(b) Cash on Hand at Beginning of Reporting Period	450626.64			
	(c) Total Receipts (from Line 19)	27201.00	113934.98		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	477827.64	590899.54		
7.	Total Disbursements (from Line 31)	24111.90	137183.80		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	453715.74	453715.74		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

I Popointo	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	40450.00	75004.00
(i) Itemized (use Schedule A)	19450.00	75601.00
(ii) Unitemized	7751.00	17413.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	27201.00	93014.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	27024.00	02044.45
Totals to Line 33, page 5)	27201.00	93014.45
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	19420.53
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	1500.00
. Other Federal Receipts	4	4
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(7	, ,
(b) Lavin Francis (francis Calcadida LIF)	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
(c) Total Transfers (dada Tota) dita Tota);	7	0.00
T. T. J. D		
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	27201.00	113934.98
12, 13, 14, 13, 10, 17, and 10(b))	2/201.00	11334.30
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	27201.00	113934.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Op (a)	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schodule H4)		Calcinati Total to Buto
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Share		
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	111.90	683.80
(c)	1 0 1		
_	(add 21(a)(i), (a)(ii), and (b))▶	111.90	683.80
	ansfers to Affiliated/Other Party	0.00	0.00
Co	mmitteesontributions to	0.00	0.00
an	deral Candidates/Committees d Other Political Committees	24000.00	136500.00
	dependent Expenditures	0.00	0.00
(us Co	se Schedule E) ordinated Party Expenditures	0.00	0.00
(2	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
(us	se Schedule F)	7	0.00
Ιo	an Repayments Made	0.00	0.00
	an riopaymonio Mado		
Lo	ans Made	0.00	0.00
Re (a)	funds of Contributions To: Individuals/Persons Other		
(a)	Than Political Committees	0.00	0.00
	ř		
(b)	,	0.00	0.00
(c)			0.00
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
(u)	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(dad 2.1100 20(d), (3), d.11d (0))		7 7
. Otl	her Disbursements	0.00	0.00
	L		7
Fe	deral Election Activity (2 U.S.C. §431(20))		
(a)	Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)			
(5)	With Federal Funds	0.00	0.00
(c)			
` ,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	-		
	tal Disbursements (add Lines 21(c), 22,		
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	24111.90	137183.80
_			
	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	24111.90	137183.80
110	m Line 31)	24111.00	137 103.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	27201.00	93014.45	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27201.00	93014.45	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	111.90	683.80	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	19420.53	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	111.90	-18736.73	

1mage# 14970754070 PAGE 6 / 27

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F3XA Transaction ID :

September 11, 2014 This report is being amended at the request of Davon Gray. The request was made to redesignate the funds for Friends of Chris Stewart from Primary 2014 to General 2014.

Form/Schedule: Transaction ID:

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

ı	FOR LINE	NUMBER	: PAGI	E 7 OF	27					
ı	(check only one)									
	X 11a	11b	11c	12						
	13	14	15	16	17					

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jiri Biorn Bedrnicek MD Mailing Address The Pathology Ctr 8303 Dodge St City	State Zip Code	Date of Receipt 07
Omaha FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: □ Primary □ General Other (specify) ▼	NE 68114-4108 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Jane A Bennett-Munro MD Mailing Address Dept of Path 650 Addison Ave W City Twin Falls FEC ID number of contributing federal political committee. Name of Employer St Luke's Magic Valley Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code ID 83301-5444 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 07 23 2014 Transaction ID: SA11AI.50738 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Cathy O Blight MD Mailing Address Dept of Path 1 Hurley Plz City Flint FEC ID number of contributing federal political committee. Name of Employer Hurley Med Ctr Receipt For: Primary General Other (specify)	State Zip Code MI 48503-5902 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line numbe	r only)	

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

F	FOR LINE NUMBER:				PAGE		8	OF		27	
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16	;		17

	e name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Michael S Brown MD Mailing Address 2900 12th Ave N Ste 295W City Billings FEC ID number of contributing federal political committee. Name of Employer Yellowstone Pathology Institute Inc Bi Receipt For: Primary General Other (specify)	State Zip Code MT 59101-7504 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt O7 31 2014 Transaction ID: SA11AI.50795 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Desiree A Carlson MD Mailing Address Chief of Pathology 680 Centre St City Brockton FEC ID number of contributing federal political committee. Name of Employer Signature Healthcare Brockton Hosp Receipt For: Primary General Other (specify) ▼	State Zip Code MA 02302-3308 C Occupation Pathologist Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 07 23 2014 Transaction ID : SA11AI.50729 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Dr. Sidney Ethan Carpenter MD Mailing Address Dept of Path Yosemite 1 Late 7300 N Fresno St City Fresno FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente Med Ctr Fresno Receipt For: Primary Other (specify) Other (specify)	State Zip Code CA 93720-2941 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 07 23 2014 Transaction ID : SA11AI.50751 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		4000.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:				PAGE		9	OF		27	
(check only one)										
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Lydia R Christiansen MD		Date of Receipt
Mailing Address 111 S Jefferson ST Suite 150		07 28 2014
City Casper	State Zip Code WY 82601-5090	Transaction ID : SA11AI.50778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Wyoming Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Deborah Riley Citron MD		Date of Receipt
Mailing Address Lab/Pathology 1504 Taub Loop City	State Zip Code	07 28 2014
Houston	TX 77030-1608	Transaction ID : SA11AI.50761 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ben Taub Gen Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bradford Scott Collins MD,Ph	nD	Date of Receipt
Mailing Address Dept of Path 955 Ribaut Rd		07 22 2014
City Beaufort	State Zip Code SC 29902-5441	Transaction ID : SA11AI.50685 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Beaufort Mem Hosp Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

27

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. DeWitt S Davenport MD Date of Receipt Mailing Address 5013 Oakmont 2014 28 City Zip Code State Transaction ID: SA11AI.50764 TX Harlingen 78552 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Doctors Hosp at Renaissance Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Brenda Lee Eriksen MD Date of Receipt Mailing Address Dept of Path 901 MacArthur Blvd 07 23 2014 City State Zip Code Transaction ID: SA11AI.50719 IN Munster 46321-2901 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation The Community Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Joan E Etzell MD Date of Receipt Mailing Address Shared Laboratory 28 2950 Collier Canyon Rd 07 2014 City Zip Code State Transaction ID: SA11AI.50771 CA Livermore 94551 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation Sutter Health Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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FOR LINE NUMBER:				PAGE	. 1	11	OF	27	
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologic	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Edward Ewing DO Mailing Address Lab		Date of Receipt
405 W Grand Ave		07 23 2014
City	State Zip Code	Transaction ID : SA11AI.50730
Dayton	OH 45405-4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	
Grandview Hospital and Med Ctr	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	1500.00	
3. Dr. Michael Jean Goldfischer MD		Date of Receipt
Mailing Address Path Dept		M M / D D / Y Y Y Y
30 Prospect Ave		07 23 2014
City	State Zip Code	Transaction ID : SA11AI.50744
Hackensack	NJ 07601-1914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Hackensack Univ Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Dr. Stanley R Hamilton MD		Date of Receipt
Mailing Address Path AND Lab Med/Unit 85 1515 Holcombe Blvd		07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston	State Zip Code TX 77030-4000	Transaction ID : SA11AI.50678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
UTMD Anderson Cancer Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	•	2400.00
TOTAL This Period (last page this line number	r only)	

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

27 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr Jonathan S Krauss MD Date of Receipt Mailing Address PO Box 12611 2014 City Zip Code State Transaction ID: SA11AI.50681 Augusta GA 30914-0611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Rosanna L Lapham MD Date of Receipt Mailing Address Dept of Path 101 E Wood St 07 27 2014 City State Zip Code Transaction ID: SA11AI.50758 SC Spartanburg 29303 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Spartanburg Regional Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Guillermo G Martinez-Torres MD Date of Receipt Mailing Address 2323 N Lake Dr 07 31 2014 City Zip Code State Transaction ID: SA11AI.50794 WI Milwaukee 53211-4508 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation Columbia St Marys Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

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

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NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Denis M McCarthy MD Mailing Address PO Box 72059		Date of Receipt
		07 23 2014
City	State Zip Code OR 97401-0285	Transaction ID : SA11AI.50728
Eugene	OR 97401-0285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Pathology Consultants PC	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) E. Raouf Nakhleh Dr.		Date of Receipt
Mailing Address Department of Pathology 4201 Belfort Rd		07 23 2014
City	State Zip Code	Transaction ID : SA11AI.50748
Jacksonville	FL 32216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
St. Luke's Hosp	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Cooley G Pantazis MD		Date of Receipt
Mailing Address 2240 SE 5th St		07 22 2014
City Ocala	State Zip Code FL 34471-2617	Transaction ID : SA11AI.50687 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Hemacon Laboratories LLC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number	<u>^</u>	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 14 OF 27

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c 15	12 16	17
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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert Laurence Randell Jr MD Date of Receipt Mailing Address 491 Sylvan Dr 2014 City State Zip Code Transaction ID: SA11AI.50707 FL Winter Park 32789-3974 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Florida Hospital Orlando Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michele T Rooney MD Date of Receipt Mailing Address 3601 W 13 Mile Rd 07 22 2014 City State Zip Code Transaction ID: SA11AI.50701 Royal Oak MI 48073-6769 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Beaumont Health System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. James Joseph Schnabel MD, PhD Date of Receipt Mailing Address Path Dept 07 24 2014 3300 NW Expressway 2nd FI City Zip Code State Transaction ID: SA11AI.50756 OK Oklahoma City 73112-4999 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Integris Baptist Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 15 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Mary Ann Sens MD,PhD Date of Receipt Mailing Address School of Medicine HIth Sci Dept of Path Rm 3133 Stop 9037, 50 2014 City Zip Code State Transaction ID: SA11AI.50680 ND **Grand Forks** 58203-2817 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Univ of North Dakota School of Medicin Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Suash Sharma MD Date of Receipt Mailing Address Dept of Path BAE 2571C 1120 15th St 07 28 2014 City State Zip Code Transaction ID: SA11AI.50786 GA Augusta 30912-0004 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Georgia Regents University Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ross W Simpson MD Date of Receipt Mailing Address Dept of Path-Meadowbrook W101 6500 Excelsior Blvd 07 22 2014 City State Zip Code Transaction ID: SA11AI.50711 MN St Louis Park 55426 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Park Nicollet Methodist Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

27

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Roman Velez-Rosario MD,PhD Date of Receipt Mailing Address URB El Alamo G5 Calle San Jacinto 2014 City Zip Code State Transaction ID: SA11AI.50709 PR Guaynabo 00969-4515 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation unaffiliated **ASEM** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Stephen Christopher Ward MD,PhD Date of Receipt Mailing Address Annenberg Bldg/Dept of Path One Gustave L Levy Place Box 1194 07 23 2014 City Zip Code State Transaction ID: SA11AI.50753 NY New York 10029-6500 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mt. Sinai School of Medicine unaffiliated Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Geoffrey Stuart Weisbaum DO, ACP Date of Receipt Mailing Address 9450 E Broadview Dr 07 23 2014 City State Zip Code Transaction ID: SA11AI.50736 FL Bay Harbor Islands 33154-1916 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation FirstPath LLC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Jeff A. Welsh MD Date of Receipt Mailing Address Lexington Medical Center Dept of Path 2014 City State Zip Code Transaction ID: SA11AI.50674 SC West Columbia 29169-4810 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. William W West MD Date of Receipt Mailing Address Path and Micro 983135 Nebraska Medical Ctr 07 23 2014 City State Zip Code Transaction ID: SA11AI.50754 NE Omaha 68198-3135 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Univ of Nebraska Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. John T Yamashita MD Date of Receipt Mailing Address PO Box 9600 28 07 2014 City Zip Code State Transaction ID: SA11AI.50772 CA Mission Hills 91346-9600 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Providence Holy Cross Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee t	
Full Name (Last, First, Middle Initial)	gists Political Action Committee	
Dr. Michelle K Zimmerman MD Mailing Address 350 W 11th St Ste 5046		Date of Receipt
City Indianapolis	State Zip Code IN 46202-4108	7 23 2014 Transaction ID : SA11AI.50745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Indiana University School of Medicine Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
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Mailing Address		M = M / D = D / Y = Y = Y
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Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 1			
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NAME OF COMMITTEE (In Full)		_			
College of American Pathologi	sts Political Action Com	mittee			
Full Name (Last, First, Middle Initial)			5 . (5)		
A. Sun Trust Bank			Date of Dis	bursement	
Mailing Address P.O. Box 85024			07	03 2014	
City	State Zip Code		Transactio	on ID : SB21B.50670	
Richmond Purpose of Disbursement	VA 23285				
Suntrust Moneris ACH Discount			Amount of E	Each Disbursement this Period	
Candidate Name		Category/		41.90	
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Senate	Primary General				
President	Other (specify) ▼				
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B. Sun Trust Bank			Date of Dis	D D / Y Y Y Y	
Mailing Address P.O. Box 85024			07	21 2014	
City Richmond	State Zip Code VA 23285		Transaction	on ID : SB21B.50671	
Purpose of Disbursement Suntrust Account Analysis Fee			Amount of E	Each Disbursement this Period	
Candidate Name		Category/		70.00	
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President	Other (specify)				
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NAME OF COMMITTEE (In Full)			
College of American Pathologists	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. ALASKANS FOR BEGICH 2014			Date of Disbursement
Mailing Address 1231 W NORTHERN LTS #605			07 23 2014
City	State Zip Code		Transaction ID : SB23.50659
ANCHORAGE	AK 99503		Transaction ib . 3B23.30039
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disburse	ment For: 2014	туре	
X Senate	Primary General		
State: AK District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. ANNA ESHOO FOR CONGRESS			Date of Disbursement
Mailing Address 555 CAPITOL MALL SUITE 1425			07 23 2014
City SACRAMENTO	State Zip Code CA 95814		Transaction ID : SB23.50661
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Office Sought:	ment For: 2014	Туре	
Senate Sought.	Primary Seneral		
President	Other (specify) ▼		
State: CA District: 18	•		
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C. BEN CARDIN FOR SENATE			M M / D D / Y Y Y Y
Mailing Address PO BOX 21093			07 23 2014
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CATONSVILLE Purpose of Disbursement	MD 21228		
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	Full Name (Last, First, Middle Initial)					
	BRIAN HIGGINS FOR CONGRES	S			Date of Disburser	ment
					M M / D	D / Y Y Y Y
	Mailing Address P.O. BOX 28				07 15	2014
	City	State Zip Cod	10			
	BUFFALO	NY 14220	JC		Transaction ID	: SB23.50636
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	Mailing Address P.O. BOX 2571				07 15	2014
	City S	State Zip Cod	40			
	WILSON	NC 27894	ie		Transaction ID	: SB23.50638
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C.	FAMILIES FOR JAMES LANKFOR	.D			Date of Disburser	ment
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	Mailing Address PO BOX 1639				07 15	2014
	City 5	State Zip Cod	de			
		OK 73008			Transaction ID	: SB23.50639
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/	College of American Pathologists F	Political	Action Com	mitte	e									
<u></u>	Full Name (Last, First, Middle Initial)													
A.	FRIENDS FOR CHRIS STEWART	, INC.					Date o	f Dist	burser	ment				
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	Mailing Address 10 WEST BROADWAY						07		17	<i>'</i>	_ 2	2014	_	
	SUITE 500	State	Zip Code											
	SALT LAKE CITY	UT	84101				Trans	sactio	on ID	: SB23	.5065	5		
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	Mailing Address PO BOX 1000						07		23	3	2	2014		
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	City S DES MOINES	State IA	Zip Code 50304				Trans	sactio	on ID	: SB23	.5066	3		
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C.	GUTHRIE FOR CONGRESS						Date o	f Dist	burser	ment				
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	Mailing Address P.O. Box 9639						07		23	3	2	2014		
	City	State	Zip Code											
	Bowling Green	KY	42102				Trans	sactio	on ID	: SB23	.5066	4		
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	NAME OF COMMITTEE (In Full)			
$ \rangle$	College of American Pathologists F	Political Action Con	nmittee	
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٨	Full Name (Last, First, Middle Initial)			Date of Dishursement
۸.	JAIME FOR CONGRESS			Date of Disbursement
	Mailing Address PO BOX 1614			07 17 2014
	City	State Zip Code		Transaction ID : SB23.50656
	RIDGEFIELD	WA 98642		1141154CHOH ID . 3D23.3U030
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	Candidate Name			Amount of Each Disbursement this Period
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		Other (specify) ▼		
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	Full Name (Last, First, Middle Initial)			
В.	JOHN LEWIS FOR CONGRESS			Date of Disbursement
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	Mailing Address P.O. BOX 2323			07 15 2014
	City	State Zip Code		
	ATLANTA	GA 30301		Transaction ID : SB23.50642
	Purpose of Disbursement			-
				Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Office County		Type	1000.00
		nent For: 2014		
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	State: GA District: 05	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)			
C.	JOHNSON FOR CONGRESS			Date of Disbursement
	JOHN JOHN ON JOHN LOO			M M / D D / Y Y Y
	Mailing Address P.O. BOX 14496			07 15 2014
	,	State Zip Code		Transaction ID : SB23.50644
	POLAND Purpose of Disbursement	OH 44514		-
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NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political Action Comr	mittee		
Full Name (Last, First, Middle Initial)				
A. LYNN JENKINS FOR CONGRES	S		Date of Disbursement	Y Y Y Y Y
Mailing Address P.O. Box 1441			07 15	2014
City	State Zip Code		Transaction ID : SB2	3 50645
Topeka	KS 66601		Transaction ib . Obz	3.30043
Purpose of Disbursement			Amount of Each Disbu	rsement this Period
Candidate Name		Category/ Type		1000.00
Office Sought: House Senate President	ement For: 2014 Primary General Other (specify)			
State: KS District: 02	, , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial)				
B. MATSUI FOR CONGRESS			Date of Disbursement	Y = Y = Y = Y
Mailing Address P.O. BOX 1738			07 15	2014
City SACRAMENTO	State Zip Code CA 95812		Transaction ID : SB2	3.50649
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State: CA District: 06 Full Name (Last, First, Middle Initial)				
C. MORAN FOR KANSAS			Date of Disbursement	Y
Mailing Address P.O. BOX 1151			07 23	2014
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Α.	PASCRELL FOR CONGRESS						Date of Disbursement							
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В.	PETE KING FOR CONGRESS COMMITTEE						Date of Disbursement							
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	Mailing Address POST OFFICE BOX 1428						07		15	5	2	2014	_	
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C.	PORTMAN FOR SENATE COMMITTEE						Date of Disbursement O7 23 2014							
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SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER:	PAG	E 26 OF	27
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NAME OF COMMITTEE (In Full)	_ 	_ 		_ _			-
College of American Pathologists P	olitical Acti	on Comm	nittee				
Full Name (Last, First, Middle Initial)							
A. RYAN FOR CONGRESS				Date of Dis	sbursement		
				M M /		YYYY	
Mailing Address P.O. BOX 1488				07	23	2014	
City	itate 3.	Code					
,		Code 547		Transacti	ion ID : SB23.506	668	
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3. SCALISE FOR CONGRESS				Date of Dis	sbursement		
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Mailing Address P.O. Box 23219		07	15	2014			
•		Code		Transact	ion ID : SB23.506	 651	_
Jefferson Purpose of Disbursement	LA 70 ⁻	121					
,				Amount of	Each Disburseme	ent this Peri	od
Candidate Name		——— I	Category/				
			Type		, ,	1000.00	,
	nent For: 2014	1.0					
		General					
State: LA District: 01	Other (specify)	▼					
Full Name (Last, First, Middle Initial)							
Full Name (Last, First, Middle Initial) TED DEUTCH FOR CONGRESS O		Date of Dis	sbursement				
	LE SECTOTT ON CONCINED COMMITTEE						
Mailing Address 1050 17TH ST, NW				07	15 / Y	2014	
STE 590	itato -	Codo					
,		Code 036		Transact	ion ID : SB23.506	652	
Purpose of Disbursement							
·				Amount of	Each Disburseme	ent this Peri	od
Candidate Name			Category/				
Office Sought	Jont F-		Туре		7	1000.00	_
	nent For: 2014	General					
	Primary Other (specify)	General ▼					
State: FL District: 21	(opeoily)	•					
SUBTOTAL of Disbursements This Page (optional)					m_1 + =	3000.00	l-
							
TOTAL This Period (last page this line number only).				L	m + + m -		

SCHEDULE B (FEC Form 3X)		L FOR LINE	NUMBER: PAGE 27 OF 27			
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I	NOMBELL.			
II LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
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or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
College of American Pathologists F	Political Action Comm	ittee				
/ Conogo of Amorioan Facilologists i						
Full Name (Last, First, Middle Initial)						
VERN BUCHANAN FOR CONGRE	Date of Disbursement					
M W A L		M M / D D / Y Y Y Y				
Mailing Address P.O. BOX 48928		07 23 2014				
City	State Zip Code					
SARASOTA	FL 34230		Transaction ID : SB23.50669			
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name	, ,	Category/	1000.00			
		Type	1000.00			
	nent For: 2014					
Senate	Primary General					
President	Other (specify) ▼					
State: FL District: 13						
Full Name (Last, First, Middle Initial) 3.		Data of Dishursement				
.			Date of Disbursement			
Mailing Address		M M / D D / Y Y Y Y				
maining Address						
City	State Zip Code					
Purpose of Disbursement			Amount of Foot Bill			
Candidate Name			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disburser	nent For:	Туре	7			
Senate Dispurser	Primary General					
President	Other (specify)					
State: District:	V 1 - 37 ▼					
Full Name (Last, First, Middle Initial)						
).	Date of Disbursement					
	M M / D D / Y Y Y Y					
Mailing Address						
City						
City	State Zip Code					
Purpose of Disbursement						
,		Amount of Each Disbursement this Period				
Candidate Name		Category/	, and an each plant content this i ellou			
		Type				
Office Sought: House Disburser	nent For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
$\textbf{SUBTOTAL} \ \ \text{of Disbursements This Page (optional)}$			1000.00			
			04000.00			
TOTAL This Period (last page this line number only)			24000.00			