

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

College of American Pathologists Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** ▼ C00274944 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y Y Y 07 / 31 / 2014

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

Type or Print Name of Treasurer Dr. Paula Pszypko

Signature of Treasurer Dr. Paula Pszypko *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 09 / 11 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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 (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	27201.00	93014.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	19420.53
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	27201.00	113934.98
20. 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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	111.90	683.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	111.90	683.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	136500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24111.90	137183.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24111.90	137183.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27201.00	93014.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27201.00	93014.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	111.90	683.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	19420.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	111.90	-18736.73

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jiri Biorn Bedrnicek MD**

Full Name (Last, First, Middle Initial)  
Mailing Address The Pathology Ctr  
8303 Dodge St

City Omaha State NE Zip Code 68114-4108

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 28 / 2014  
**Transaction ID : SA11AI.50769**

Amount of Each Receipt this Period  
250.00

**B. Dr. Jane A Bennett-Munro MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
650 Addison Ave W

City Twin Falls State ID Zip Code 83301-5444

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

Name of Employer St Luke's Magic Valley Reg Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 23 / 2014  
**Transaction ID : SA11AI.50738**

Amount of Each Receipt this Period  
250.00

**c. Dr Cathy O Blight MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
1 Hurley Plz

City Flint State MI Zip Code 48503-5902

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

Name of Employer Hurley Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 22 / 2014  
**Transaction ID : SA11AI.50686**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Michael S Brown MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2900 12th Ave N Ste 295W

City	State	Zip Code
Billings	MT	59101-7504

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

Name of Employer	Occupation
Yellowstone Pathology Institute Inc Bi	Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

**Transaction ID : SA11AI.50795**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Desiree A Carlson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Chief of Pathology  
680 Centre St

City	State	Zip Code
Brockton	MA	02302-3308

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

Name of Employer	Occupation
Signature Healthcare Brockton Hosp	Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

**Transaction ID : SA11AI.50729**

Amount of Each Receipt this Period  
2500.00

**C. Dr. Sidney Ethan Carpenter MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path Yosemite 1 Lab  
7300 N Fresno St

City	State	Zip Code
Fresno	CA	93720-2941

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

Name of Employer	Occupation
Kaiser Permanente Med Ctr Fresno	Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

**Transaction ID : SA11AI.50751**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Lydia R Christiansen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 S Jefferson ST  
 Suite 150  
 City Casper State WY Zip Code 82601-5090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wyoming Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.50778**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Deborah Riley Citron MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab/Pathology  
 1504 Taub Loop  
 City Houston State TX Zip Code 77030-1608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ben Taub Gen Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.50761**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. Bradford Scott Collins MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 955 Ribaut Rd  
 City Beaufort State SC Zip Code 29902-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaufort Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014  
**Transaction ID : SA11AI.50685**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. DeWitt S Davenport MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5013 Oakmont  
 City Harlingen State TX Zip Code 78552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctors Hosp at Renaissance Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 28 / 2014**  
**Transaction ID : SA11AI.50764**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Brenda Lee Eriksen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 901 MacArthur Blvd  
 City Munster State IN Zip Code 46321-2901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Community Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 23 / 2014**  
**Transaction ID : SA11AI.50719**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Joan E Etzell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Shared Laboratory 2950 Collier Canyon Rd  
 City Livermore State CA Zip Code 94551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sutter Health Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 28 / 2014**  
**Transaction ID : SA11AI.50771**  
 Amount of Each Receipt this Period **400.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Edward Ewing DO**

Full Name (Last, First, Middle Initial)  
Mailing Address Lab  
405 W Grand Ave

City Dayton State OH Zip Code 45405-4720

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

Name of Employer Grandview Hospital and Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
07 / 23 / 2014  
**Transaction ID : SA11AI.50730**

Amount of Each Receipt this Period  
1500.00

**B. Dr. Michael Jean Goldfischer MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Path Dept  
30 Prospect Ave

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Univ Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
07 / 23 / 2014  
**Transaction ID : SA11AI.50744**

Amount of Each Receipt this Period  
400.00

**C. Dr. Stanley R Hamilton MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Path AND Lab Med/Unit 85  
1515 Holcombe Blvd

City Houston State TX Zip Code 77030-4000

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

Name of Employer UTMD Anderson Cancer Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 11 / 2014  
**Transaction ID : SA11AI.50678**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Jonathan S Krauss MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 12611  
 City Augusta State GA Zip Code 30914-0611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014  
**Transaction ID : SA11AI.50681**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Rosanna L Lapham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 101 E Wood St  
 City Spartanburg State SC Zip Code 29303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2014  
**Transaction ID : SA11AI.50758**  
 Amount of Each Receipt this Period  
**750.00**

**C. Dr. Guillermo G Martinez-Torres MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-4508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia St Marys Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : SA11AI.50794**  
 Amount of Each Receipt this Period  
**1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Denis M McCarthy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 72059  
 City Eugene State OR Zip Code 97401-0285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Consultants PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014  
**Transaction ID : SA11AI.50728**  
 Amount of Each Receipt this Period  
 500.00

**B. E. Raouf Nakhleh Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology 4201 Belfort Rd  
 City Jacksonville State FL Zip Code 32216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Luke's Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014  
**Transaction ID : SA11AI.50748**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. Cooley G Pantazis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2240 SE 5th St  
 City Ocala State FL Zip Code 34471-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hemacon Laboratories LLC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014  
**Transaction ID : SA11AI.50687**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robert Laurence Randell Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 491 Sylvan Dr  
 City Winter Park State FL Zip Code 32789-3974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Orlando Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014  
**Transaction ID : SA11AI.50707**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Michele T Rooney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 W 13 Mile Rd  
 City Royal Oak State MI Zip Code 48073-6769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaumont Health System Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014  
**Transaction ID : SA11AI.50701**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. James Joseph Schnabel MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept  
 3300 NW Expressway 2nd Fl  
 City Oklahoma City State OK Zip Code 73112-4999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integris Baptist Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2014  
**Transaction ID : SA11AI.50756**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Mary Ann Sens MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address School of Medicine Hlth Sci  
 Dept of Path Rm 3133 Stop 9037, 50  
 City Grand Forks State ND Zip Code 58203-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of North Dakota School of Medicin Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2014  
**Transaction ID : SA11AI.50680**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr. Suash Sharma MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path BAE 2571C  
 1120 15th St  
 City Augusta State GA Zip Code 30912-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgia Regents University Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.50786**  
 Amount of Each Receipt this Period  
**300.00**

**C. Dr. Ross W Simpson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path-Meadowbrook W101  
 6500 Excelsior Blvd  
 City St Louis Park State MN Zip Code 55426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Park Nicollet Methodist Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014  
**Transaction ID : SA11AI.50711**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Roman Velez-Rosario MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address URB El Alamo  
 G5 Calle San Jacinto  
 City Guaynabo State PR Zip Code 00969-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASEM Occupation unaffiliated  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 22 / 2014**  
**Transaction ID : SA11AI.50709**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Stephen Christopher Ward MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Annenberg Bldg/Dept of Path  
 One Gustave L Levy Place Box 1194  
 City New York State NY Zip Code 10029-6500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mt. Sinai School of Medicine Occupation unaffiliated  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 23 / 2014**  
**Transaction ID : SA11AI.50753**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Geoffrey Stuart Weisbaum DO,ACP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9450 E Broadview Dr  
 City Bay Harbor Islands State FL Zip Code 33154-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FirstPath LLC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 23 / 2014**  
**Transaction ID : SA11AI.50736**  
 Amount of Each Receipt this Period **500.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jeff A. Welsh MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Lexington Medical Center  
Dept of Path

City West Columbia State SC Zip Code 29169-4810

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2014  
**Transaction ID : SA11AI.50674**

Amount of Each Receipt this Period  
250.00

**B. Dr. William W West MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Path and Micro  
983135 Nebraska Medical Ctr

City Omaha State NE Zip Code 68198-3135

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

Name of Employer Univ of Nebraska Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2014  
**Transaction ID : SA11AI.50754**

Amount of Each Receipt this Period  
500.00

**C. Dr. John T Yamashita MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9600

City Mission Hills State CA Zip Code 91346-9600

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

Name of Employer Providence Holy Cross Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2014  
**Transaction ID : SA11AI.50772**

Amount of Each Receipt this Period  
500.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 27  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Michelle K Zimmerman MD**

Mailing Address 350 W 11th St Ste 5046

City State Zip Code  
 Indianapolis IN 46202-4108

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

Name of Employer Occupation  
 Indiana University School of Medicine Pathologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : SA11AI.50745**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19450.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Moneris ACH Discount

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

**Transaction ID : SB21B.50670**

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2014

**Transaction ID : SB21B.50671**

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

111.90

111.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ALASKANS FOR BEGICH 2014**

Mailing Address 1231 W NORTHERN LTS #605

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

**Transaction ID : SB23.50659**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 CAPITOL MALL  
SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

**Transaction ID : SB23.50661**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. BEN CARDIN FOR SENATE**

Mailing Address PO BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

**Transaction ID : SB23.50662**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BRIAN HIGGINS FOR CONGRESS**

Mailing Address P.O. BOX 28

City **BUFFALO** State **NY** Zip Code **14220**

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: **NY** District: **26**

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.50636**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BUTTERFIELD FOR CONGRESS**

Mailing Address P.O. BOX 2571

City **WILSON** State **NC** Zip Code **27894**

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: **NC** District: **01**

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.50638**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FAMILIES FOR JAMES LANKFORD**

Mailing Address PO BOX 1639

City **BETHANY** State **OK** Zip Code **73008**

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: **OK** District: **00**

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.50639**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS FOR CHRIS STEWART, INC.**

Mailing Address 10 WEST BROADWAY  
SUITE 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: UT District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	4

**Transaction ID : SB23.50655**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	6

**Transaction ID : SB23.50663**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

**Transaction ID : SB23.50664**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. JAIME FOR CONGRESS**

Mailing Address PO BOX 1614

City State Zip Code  
RIDGEFIELD WA 98642

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : SB23.50656

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 2323

City State Zip Code  
ATLANTA GA 30301

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

Transaction ID : SB23.50642

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

City State Zip Code  
POLAND OH 44514

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

Transaction ID : SB23.50644

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. Box 1441

City State Zip Code  
Topeka KS 66601

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : SB23.50645**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MATSUI FOR CONGRESS**

Mailing Address P.O. BOX 1738

City State Zip Code  
SACRAMENTO CA 95812

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : SB23.50649**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MORAN FOR KANSAS**

Mailing Address P.O. BOX 1151

City State Zip Code  
HAYS KS 67601

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KS District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2014

**Transaction ID : SB23.50665**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PASCRELL FOR CONGRESS**

Mailing Address P.O. BOX 1000

City TEANECK State NJ Zip Code 07666

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

**Transaction ID : SB23.50666**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. PETE KING FOR CONGRESS COMMITTEE**

Mailing Address POST OFFICE BOX 1428

City SEAFORD State NY Zip Code 11783

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

**Transaction ID : SB23.50650**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

**Transaction ID : SB23.50667**

Amount of Each Disbursement this Period

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

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

4	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RYAN FOR CONGRESS**

Mailing Address P.O. BOX 1488

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WI District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

**Transaction ID : SB23.50668**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. SCALISE FOR CONGRESS**

Mailing Address P.O. Box 23219

City State Zip Code  
Jefferson LA 70121

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

**Transaction ID : SB23.50651**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. TED DEUTCH FOR CONGRESS COMMITTEE**

Mailing Address 1050 17TH ST, NW  
STE 590

City State Zip Code  
WASHINGTON DC 20036

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 21

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

**Transaction ID : SB23.50652**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

3	0	0	0	0	0	0	0	0	0

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2014

Transaction ID : SB23.50669

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00
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24000.00
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