

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2014 through 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 Pszytko

Signature of Treasurer Dr. Paula Pszytko [Electronically Filed] Date 08 / 19 / 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 TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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

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

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

FOR LINE NUMBER: PAGE 6 OF 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. 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:	PAGE 7 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. 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

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: PAGE 9 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.50771
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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:	PAGE 11 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<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 **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 **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 **07 / 22 / 2014**
Transaction ID : SA11AI.50687
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 13 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. 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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 14 OF 26
	<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

Full Name (Last, First, Middle Initial) A. Dr. Mary Ann Sens MD,PhD		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 Transaction ID : SA11AI.50680
Mailing Address School of Medicine Hlth Sci Dept of Path Rm 3133 Stop 9037, 50		Amount of Each Receipt this Period 500.00
City Grand Forks	State ND Zip Code 58203-2817	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Univ of North Dakota School of Medicin	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Suash Sharma MD		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : SA11AI.50786
Mailing Address Dept of Path BAE 2571C 1120 15th St		Amount of Each Receipt this Period 300.00
City Augusta	State GA Zip Code 30912-0004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Georgia Regents University	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ross W Simpson MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2014 Transaction ID : SA11AI.50711
Mailing Address Dept of Path-Meadowbrook W101 6500 Excelsior Blvd		Amount of Each Receipt this Period 1000.00
City St Louis Park	State MN Zip Code 55426	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Park Nicollet Methodist Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<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: PAGE 16 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.50772
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 26
(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

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

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) ▼

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) ▼

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) ▼

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

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) ▼

Date of Disbursement

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

Transaction ID : SB23.50636

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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) ▼

Date of Disbursement

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

Transaction ID : SB23.50638

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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) ▼

Date of Disbursement

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

Transaction ID : SB23.50639

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	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. FRIENDS FOR CHRIS STEWART, INC.

Mailing Address 10 WEST BROADWAY
SUITE 500

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SB23.50655

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE

Mailing Address PO BOX 1000

City State Zip Code
DES MOINES IA 50304

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.50663

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address P.O. Box 9639

City State Zip Code
Bowling Green KY 42102

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.50664

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. 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) ▼

Date of Disbursement

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

Transaction ID : SB23.50656

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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) ▼

Date of Disbursement

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

Transaction ID : SB23.50642

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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) ▼

Date of Disbursement

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

Transaction ID : SB23.50644

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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. 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

M M M	/	D D D	/	Y Y Y Y Y
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

M M M	/	D D D	/	Y Y Y Y Y
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

M M M	/	D D D	/	Y Y Y Y Y
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

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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. 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) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.50666

Amount of Each Disbursement this Period

2500.00

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) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SB23.50650

Amount of Each Disbursement this Period

1000.00

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) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.50667

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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. 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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : SB23.50668

Amount of Each Disbursement this Period

1000.00

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB23.50651

Amount of Each Disbursement this Period

1000.00

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : SB23.50652

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. 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

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M 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

24000.00
