



**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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2013"/>                                              |                         | 450695.89                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 451264.09               |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 23132.00                | 138859.00                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 474396.09               | 589554.89                         |
| 7. Total Disbursements (from Line 31).....                                                                       | 24068.40                | 139227.20                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 450327.69               | 450327.69                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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:  /  /

| <b>I. Receipts</b>                                                                                    | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|-------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 11. Contributions (other than loans) From:                                                            |                                       |                                           |
| (a) Individuals/Persons Other Than Political Committees                                               |                                       |                                           |
| (i) Itemized (use Schedule A).....                                                                    | 21150.00                              | 112799.00                                 |
| (ii) Unitemized .....                                                                                 | 1700.00                               | 25778.00                                  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶                                                      | 22850.00                              | 138577.00                                 |
| (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) .....  | 22850.00                              | 138577.00                                 |
| 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                                  | 0.00                                      |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 282.00                                | 282.00                                    |
| 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))..... ▶                        | 23132.00                              | 138859.00                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 23132.00                              | 138859.00                                 |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 68.40                         | 727.20                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 68.40                         | 727.20                            |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 21500.00                      | 141000.00                         |
| 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                          | -5000.00                          |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | -5000.00                          |
| 29. Other Disbursements .....                                                                  | 2500.00                       | 2500.00                           |
| 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)) ..      | 24068.40                      | 139227.20                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 24068.40                      | 139227.20                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 22850.00                      | 138577.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | -5000.00                          |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 22850.00                      | 143577.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 68.40                         | 727.20                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 68.40                         | 727.20                            |

**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 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial 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. Jane A Bennett-Munro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 650 Addison Ave W  
 City State Zip Code  
 Twin Falls ID 83301-5444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Luke's Magic Valley Reg Med Ctr 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  
 08 / 19 / 2013  
**Transaction ID : SA11AI.49061**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. David L. Booker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 2260 Wrightsboro Rd  
 City State Zip Code  
 Augusta GA 30904-4764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Augusta Hosp LLC 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  
 08 / 15 / 2013  
**Transaction ID : SA11AI.49051**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Diana Marcella Cardona MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1144 Pebble Creek Xing  
 City State Zip Code  
 Durham NC 27713-8959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Duke University Medical Center 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  
 08 / 20 / 2013  
**Transaction ID : SA11AI.49068**  
 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: (check only one)       | PAGE 7 OF 19                 |
|                                                                         | <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             | <input type="checkbox"/> 17  |

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

**A. Dr. Thomas J Cooper Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5620 E El Parque St  
 City Long Beach State CA Zip Code 90815-4129  
 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 **2400.00**

Date of Receipt **08 / 22 / 2013**  
**Transaction ID : SA11AI.49071**  
 Amount of Each Receipt this Period **2400.00**

**B. Dr Renee R Ellerbroek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 1212 Pleasant St Ste LL3  
 City Des Moines State IA Zip Code 50309-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Laboratory PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 20 / 2013**  
**Transaction ID : SA11AI.49069**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Christopher Michael Flynn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 College St  
 City Battle Creek State MI Zip Code 49037-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reg Med Labs Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 22 / 2013**  
**Transaction ID : SA11AI.49073**  
 Amount of Each Receipt this Period **1000.00**

|                                                                 |                |
|-----------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>4400.00</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 8 OF 19                                            |
| <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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NAME OF COMMITTEE (In Full)  
**College of American Pathologists Political Action Committee**

|                                                                                                                                 |                                     |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Dr. Robert Anthony Frazier Jr MD</b>                                           |                                     | Date of Receipt<br>08 / 27 / 2013<br><b>Transaction ID : SA11AI.49075</b> |
| Mailing Address 733 Boush St Ste 200                                                                                            |                                     | Amount of Each Receipt this Period<br>2500.00                             |
| City Norfolk                                                                                                                    | State VA                            | Zip Code 23510-1501                                                       |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                     |                                                                           |
| Name of Employer<br>Dominion Pathology Laboratories                                                                             | Occupation<br>Pathologist           |                                                                           |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00 |                                                                           |

|                                                                                                                                 |                                     |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. Richard C. Friedberg MD,PhD</b>                                            |                                     | Date of Receipt<br>08 / 14 / 2013<br><b>Transaction ID : SA11AI.49044</b> |
| Mailing Address Chairman Dept of Path<br>759 Chestnut St # C-1170                                                               |                                     | Amount of Each Receipt this Period<br>2500.00                             |
| City Springfield                                                                                                                | State MA                            | Zip Code 01199-1001                                                       |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                     |                                                                           |
| Name of Employer<br>Baystate Medical Center                                                                                     | Occupation<br>Pathologist           |                                                                           |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00 |                                                                           |

|                                                                                                                                 |                                     |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>c. Dr. Wayne Lee Garrett DO</b>                                                   |                                     | Date of Receipt<br>08 / 13 / 2013<br><b>Transaction ID : SA11AI.49042</b> |
| Mailing Address 96 Museum Way                                                                                                   |                                     | Amount of Each Receipt this Period<br>1000.00                             |
| City San Francisco                                                                                                              | State CA                            | Zip Code 94114-1428                                                       |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                     |                                                                           |
| Name of Employer<br>West Coast Pathology Labs                                                                                   | Occupation<br>Pathologist           |                                                                           |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00 |                                                                           |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6000.00 |
| <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 9 OF 19  
(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. Christopher J Leigh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mercy Medical Center  
 250 Mercy Dr  
 City Dubuque State IA Zip Code 52001-7320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Clinical Laboratories Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 22 / 2013  
**Transaction ID : SA11AI.49074**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Ronald B Lepoff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Clin Lab/MSC A022/Rm LB292  
 12401 E 17th Ave  
 City Aurora State CO Zip Code 80045-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Colorado Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : SA11AI.49053**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Alvin W. Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Cpa Laboratory  
 2307 Greene Way  
 City Louisville State KY Zip Code 40220-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Healthcare Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2013  
**Transaction ID : SA11AI.49070**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 19  
(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. Michael John Misialek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept  
 2014 Washington St  
 City State Zip Code  
 Newton MA 02462-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Newton-Wellesley Hospital 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  
 08 / 14 / 2013  
**Transaction ID : SA11AI.49047**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John C. Moad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7835 Paragon Rd  
 City State Zip Code  
 Dayton OH 45459-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Derm-Path Lab of Central States 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  
 08 / 15 / 2013  
**Transaction ID : SA11AI.49054**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Michelle Leigh Ehrlich Powers MD,MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 4300 W Memorial Rd  
 City State Zip Code  
 Oklahoma City OK 73120-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Hlth Ctr 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  
 08 / 14 / 2013  
**Transaction ID : SA11AI.49048**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**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 11 OF 19                |
|                                                                         | <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             | <input type="checkbox"/> 17  |

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

**A. Dr. Stanley J. Robboy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Donegal Dr  
 City Chapel Hill State NC Zip Code 27517-6559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2013  
**Transaction ID : SA11AI.49076**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Patricia R Romano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Brooklyn Navy Yard  
 63 Flushing Ave Unit 292  
 City Brooklyn State NY Zip Code 11205-1079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shiel Medical Laboratory Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2013  
**Transaction ID : SA11AI.49066**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Rene Rone MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Villa Verde  
 City San Antonio State TX Zip Code 78230-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Path Ref Lab Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2013  
**Transaction ID : SA11AI.49079**  
 Amount of Each Receipt this Period  
 1000.00

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <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 12 OF 19                |
|                                                                         | <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             | <input type="checkbox"/> 17  |

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

**A. Dr. Jonathan Stuart Strauss MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4230 Burnham Ave Ste 165

City Las Vegas State NV Zip Code 89119-5408

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

Name of Employer Quest Diag Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2013  
**Transaction ID : SA11AI.49077**

Amount of Each Receipt this Period 1000.00

**B. Dr. Thomas M Wheeler MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path & Immunology  
1 Baylor Plz Rm T-203

City Houston State TX Zip Code 77030-3411

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

Name of Employer Baylor College of Medicine Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2013  
**Transaction ID : SA11AI.49049**

Amount of Each Receipt this Period 1000.00

**C. Dr. David S Wilkinson MD, PhD**  
Full Name (Last, First, Middle Initial)

Mailing Address Sanger Hall S4-011  
1101 E Marshall St # 980662

City Richmond State VA Zip Code 23298-5048

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

Name of Employer VCU Health System Authority Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2013  
**Transaction ID : SA11AI.49067**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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 19  
(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 Sherry L Woodhouse MD**

Mailing Address 1440 Coral Ridge Dr # 296

City State Zip Code  
 Coral Springs FL 33071-5433

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

Name of Employer Occupation  
 Pathology Consultants of S Broward Pathologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2013

**Transaction ID : SA11AI.49059**

Amount of Each Receipt this Period  
 1000.00

**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).....▶           | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 21150.00 |

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

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

FOR LINE NUMBER: PAGE 14 OF 19  
(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. VERN BUCHANAN FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 48928  
 City SARASOTA State FL Zip Code 34230  
 FEC ID number of contributing federal political committee. **C** C00412759  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : SA16.49086**  
 Amount of Each Receipt this Period  
 282.00  
 Refund for Vern Buchanan 12/31/11 Overage Replaces Ck 1929

**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).....▶           | 282.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 282.00 |

**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) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 05    | / | 2013        |

**Transaction ID : SB21B.49081**

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

**College of American Pathologists Political Action Committee**

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 |
| 08    | / | 20    | / | 2013        |

**Transaction ID : SB21B.49082**

Amount of Each Disbursement this Period

|       |
|-------|
| 26.50 |
|-------|

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 |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

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

|       |
|-------|
| 68.40 |
|-------|

|       |
|-------|
| 68.40 |
|-------|

**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. BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TX District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 01    | / | 2013        |

**Transaction ID : SB23.49087**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capital Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Other 2103 Contribution DCCC Annual Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Other

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 29    | / | 2013        |

**Transaction ID : SB23.49094**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 01    | / | 2013        |

**Transaction ID : SB23.49088**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

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

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

|         |
|---------|
| 9000.00 |
|---------|

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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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Other - 2013 Contribution NRCC Annual Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Other

State:

District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 29    | / | 2013      |

Transaction ID : SB23.49095

Amount of Each Disbursement this Period

|         |
|---------|
| 7500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. SCALISE FOR CONGRESS**

Mailing Address P.O. Box 23219

City Jefferson State LA Zip Code 70121

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Other

State: LA

District: 01

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 01    | / | 2013      |

Transaction ID : SB23.49089

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
Other Contribution - Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify)  Other

State:

District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 05    | / | 2013      |

Transaction ID : SB23.49097

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

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

|         |
|---------|
| 9000.00 |
|---------|

**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 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 checked="" 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. College of American Pathologists**

Mailing Address 325 Waukegan Road

City Northfield State IL Zip Code 60093

Purpose of Disbursement  
Reimburse CAP for Dr M.Neal's Refund from May'13

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 1 |   | 2 | 0 | 1 | 3 |   |   |

**Transaction ID : SB29.49084**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Category/  
Type

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 | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Category/  
Type

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 | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Category/  
Type

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|