Image# 13941592178 PAGE 1 / 19

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	or Other Than An A	Authorized Committe	e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
College of American Pa	athologists Politica	al Action Committe	e	1 1 1 1 1	
ADDRESS (number and street)	1350 I Street, NW				
Check if different	Suite 590				
than previously reported. (ACC)	Washington			DC	20005
2. FEC IDENTIFICATION NU	MBER ▼	CITY	5	STATE A	ZIP CODE ▲
C C00274944	3		IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		Apr 20 (M4)	lul 20 (M7)	Oct 2	Year Only) O (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	(c) 12-Day	Primary (12P	<u> </u>	General (
July 15 Quarterly Report (Q2	PRF-Flection			Special (1	
October 15 Quarterly Report (Q3	3)		_	Y	
January 31 Year-End Report (YE	E)E	ection on	D D /		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electio Report for the	,	i)	Runoff (30	DR) Special (30S)
Termination Report (TER)	·	ection on	D D /	Y	in the State of
5. Covering Period 08	01 20	through	M M M	/ D D /	2013
I certify that I have examined this	s Report and to the bes	t of my knowledge and b	elief it is tru	e, correct and	complete.
Type or Print Name of Treasurer	Dr. Renee R. Ellerbroek	ζ			
Signature of Treasurer Dr. Re	nee R. Ellerbroek	[Electronically	<i>Filed]</i> D	ate 09	/ 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	ous, or incomplete inform	ation may subject the pers	on signing th	is Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 08 01 2013 To: 08 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		450695.89
	(b) Cash on Hand at Beginning of Reporting Period	451264.09	
	(c) Total Receipts (from Line 19)	23132.00	138859.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 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 Reporting Period (subtract Line 7 from Line 6(d))	450327.69	450327.69
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 08	01 2013 To:	08 31 2013				
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)	21150.00	112799.00				
(ii) Unitemized(iii) TOTAL (add	1700.00	25778.00				
Lines 11(a)(i) and (ii)	22850.00	138577.00				
(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
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.)		0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
to Federal Candidates and Other Political Committees	282.00	282.00				
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00				
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(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 Total This Period	COLUMN B Calendar Year-to-Date
21. O _l	perating Expenditures: Allocated Federal/Non-Federal	Total Tillo I Ollow	Valendal Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Share	7	7 7
	(ii) Non-Federal Share	0.00	0.00
(b	Other Federal Operating		
	Expenditures	68.40	727.20
(c	1 9 1	20.10	707.00
	(add 21(a)(i), (a)(ii), and (b))▶	68.40	727.20
	ansfers to Affiliated/Other Party	0.00	0.00
Co	ontributions to	0.00	0.00
	ederal Candidates/Committees	21500.00	141000.00
	dependent Expenditures	7	
(u	se Schedule E)	0.00	0.00
5. Čo (2	pordinated Party Expenditures U.S.C. §441a(d))	222	
(u	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
		0.00	0.00
3. Lo	an Repayments Made	0.00	0.00
7 1 6	ans Made	0.00	0.00
3. Re	efunds of Contributions To:	3.00	3.00
(a	Individuals/Persons Other Than Political Committees	0.00	0.00
		4	
(b	Political Party Committees	0.00	-5000.00
(c	Other Political Committees		
	(such as PACs)	0.00	0.00
(4) Total Contribution Refunds		
(d	(add Lines 28(a), (b), and (c))▶	0.00	-5000.00
	(add Lines 20(a), (b), and (c))	7	
). Of	her Disbursements	2500.00	2500.00
		7	
). Fe	ederal Election Activity (2 U.S.C. §431(20))		
(a	Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b	. ''		
(D	With Federal Funds	0.00	0.00
(c			
•	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
		7	
	tal Disbursements (add Lines 21(c), 22,		
23	s, 24, 25, 26, 27, 28(d), 29 and 30(c))	24068.40	139227.20
_			
	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	24068.40	139227.20
11 (om Line 31)	24000.40	100221.20

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22850.00	138577.00
4. Total Contribution Refunds (from Line 28(d))	0.00	-5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22850.00	143577.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	68.40	727.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	68.40	727.20

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

FOF	PAGE	6	OF	19			
(che							
X	11a	11b		11c	12	2	
	13	14		15	16	6	17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Dr. Jane A Bennett-Munro MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
650 Addison Ave W	State 7th Order	08 19 2013
City Twin Falls	State Zip Code ID 83301-5444	Transaction ID : SA11AI.49061
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
St Luke's Magic Valley Reg Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David L. Booker MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
2260 Wrightsboro Rd	State 7in Code	08 15 2013
City Augusta	State Zip Code GA 30904-4764	Transaction ID : SA11AI.49051
Augusta	GA 30904-4764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Augusta Hosp LLC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Diana Marcella Cardona MD		Date of Receipt
Mailing Address 1144 Pebble Creek Xing		08 20 2013
City	State Zip Code	Transaction ID : SA11AI.49068
Durham	NC 27713-8959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Duke University Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
(optional)		
TOTAL This Period (last page this line number	· only)	

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Thomas J Cooper Jr MD Mailing Address 5620 E El Parque St		Date of Receipt
City	State Zip Code	08 22 2013 Transaction ID : SA11Al.49071
Long Beach	CA 90815-4129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2400.00
Name of Employer	Occupation	
Unaffiliated	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) 3. Dr Renee R Ellerbroek MD		Date of Receipt
Mailing Address Dept of Path 1212 Pleasant St Ste LL3		08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Des Moines	State Zip Code IA 50309-1414	Transaction ID : SA11AI.49069
Des Moines	IA 50309-1414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Pathology Laboratory PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Michael Flynn MD		Date of Receipt
Mailing Address 175 College St		08
City Battle Creek	State Zip Code MI 49037-3432	Transaction ID : SA11AI.49073 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Reg Med Labs Inc	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		4400.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:						PAGE	:	8	OF	19	
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	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert Anthony Frazier Jr MD Mailing Address 733 Boush St Ste 200		Date of Receipt
City	State Zip Code	08 27 2013 Transaction ID : SA11AI.49075
Norfolk	VA 23510-1501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Dominion Pathology Laboratories	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Dr. Richard C. Friedberg MD,PhD		Date of Receipt
Mailing Address Chairman Dept of Path		M = M / D = D / Y = Y = Y
759 Chestnut St # C-1170 City	State Zip Code	08 14 2013
Springfield	MA 01199-1001	Transaction ID : SA11AI.49044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 01199-1001	2500.00
Name of Employer	Occupation	
Baystate Medical Center	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) C. Dr. Wayne Lee Garrett DO		Date of Receipt
Mailing Address 96 Museum Way		08 13 2013
City San Francisco	State Zip Code CA 94114-1428	Transaction ID : SA11AI.49042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
West Coast Pathology Labs	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)		6000.00
TOTAL This Period (last page this line number	only)	

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	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
College of American Patholo	gists Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Christopher J Leigh MD		Date of Receipt
Mailing Address Mercy Medical Center		M = M / D = D / Y = Y = Y
250 Mercy Dr City	State Zip Code	08 22 2013 Transaction ID : SA11AI 49074
Dubuque	IA 52001-7320	Transaction ID: SA11AI.49074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
United Clinical Laboratories Inc	Pathologist]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Ronald B Lepoff MD		Date of Receipt
Mailing Address Clin Lab/MSC A022/Rm L	.B292	M = M / D = D / Y = Y = Y
12401 E 17th Ave	State Zip Code	08 15 2013
City Aurora	State Zip Code CO 80045-2548	Transaction ID : SA11AI.49053 Amount of Each Receipt this Period
_	300.00.20.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Univ of Colorado Hosp	Pathologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address Cpa Laboratory 2307 Greene Way		08 21 2013
City 2307 Greene Way	State Zip Code	Transaction ID : SA11AI.49070
Louisville	KY 40220-4009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Norton Healthcare	Pathologist]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	····	2000.00
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	. , , ,	2
College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael John Misialek MD		Date of Receipt
Mailing Address Path Dept 2014 Washington St		08 14 2013
City	State Zip Code	Transaction ID : SA11AI.49047
Newton	MA 02462-1607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Newton-Wellesley Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. John C. Moad MD		Date of Receipt
Mailing Address 7835 Paragon Rd		08 15 2013
City	State Zip Code	Transaction ID : SA11AI.49054
Dayton	OH 45459-4021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Derm-Path Lab of Central States	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Michelle Leigh Ehrlich Powers	s MD.MBA	Date of Receipt
Mailing Address Dept of Path	,,	M M / D D / Y Y Y Y
4300 W Memorial Rd		08 14 2013
City	State Zip Code	Transaction ID : SA11AI.49048
Oklahoma City	OK 73120-8304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy HIth Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEN

FOR LINE NUMBER: PAGE 11 OF

MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(cl	he X	ck only 11a 13	y or	ne) 11b 14		11c		12 16		17
nformation copied from such Reports and Statements ma	ay not be sold or used by any pe	rson	fc	or the	pur	pose c	of so	oliciting	cor	ntributi	ons	

Any i or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Stanley J. Robboy MD Date of Receipt Mailing Address 104 Donegal Dr 2013 27 City State Zip Code Transaction ID: SA11AI.49076 NC Chapel Hill 27517-6559 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation **Duke University Medical Center** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Patricia R Romano MD Date of Receipt Mailing Address Brooklyn Navy Yard 63 Flushing Ave Unit 292 08 19 2013 City State Zip Code Transaction ID: SA11AI.49066 Brooklyn NY 11205-1079 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Shiel Medical Laboratory Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Rene Rone MD Date of Receipt Mailing Address 21 Villa Verde 30 80 2013 City State Zip Code Transaction ID: SA11AI.49079 TX San Antonio 78230-2756 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Pathologist Path Ref Lab Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional).....

FEC	Schedule	Α	(Form	3X)	Rev.	02/2003

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

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Dr. Jonathan Stuart Strauss MD		Date of Receipt
Mailing Address 4230 Burnham Ave Ste 165		08 27 2013
City	State Zip Code	Transaction ID: SA11AI.49077
Las Vegas	NV 89119-5408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Quest Diag	Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas M Wheeler MD		Date of Receipt
Mailing Address Dept of Path & Immunology 1 Baylor Plz Rm T-203		08 14 2013
City	State Zip Code	Transaction ID : SA11AI.49049
Houston	TX 77030-3411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Baylor College of Medicine	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. David S Wilkinson MD,PhD		Date of Receipt
Mailing Address Sanger Hall S4-011 1101 E Marshall St # 980662		08 19 2013
City Richmond	State Zip Code VA 23298-5048	Transaction ID : SA11AI.49067 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
VCU Health System Authority	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	•	13 OF	- 1	9
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Sherry L Woodhouse MD Mailing Address 1440 Coral Ridge Dr # 296		Date of Receipt
		08 17 2013
Coral Springs	State Zip Code FL 33071-5433	Transaction ID : SA11AI.49059
Coral Springs	1.L 330/1-3433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Pathology Consultants of S Broward	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Passint this But I
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Daniel
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Lacif necelpt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line numbe	r only)	21150.00

S 17

Use separate schedule(s) for each category of the Detailed Summary Page 11a	CHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 14 OF 19
Detailed Summary Page 113	•	Use separate schedule(s)	(check only one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from rot commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS Mailing Address P.O. BOX 48928 City State Zip Code SARASOTA FL 34230 FEC ID number of contributing tederal political committee. Aggregate Year-to-Date V Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing tederal political committee. Cocupation FEC ID number of contributing tederal political committee. Aggregate Year-to-Date V Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing tederal political committee. Aggregate Year-to-Date V Full Name (Last, First, Middle Initial) And Committee Cocupation Fecepit For: Primary General Committee. Aggregate Year-to-Date V FULL Name (Last, First, Middle Initial) And Committee Cocupation FEC ID number of contributing tederal political committee. City State Zip Code FEC ID number of contributing tederal political committee. City State Zip Code FEC ID number of contributing tederal political committee. City State Zip Code FEC ID number of contributing tederal political committee. City State Zip Code FEC ID number of contributing tederal political committee. Aggregate Year-to-Date V Cocupation Aggregate Year-to-Date V And Committee. Aggregate Year-to-Date V Cocupation Aggregate Year-to-Date V	TEMPLED HEGEN 10		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s		FOR LINE NUMBER: PAGE 15 OF			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	1b 22 23 24 25			
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NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Com	nmittee				
Full Name (Last, First, Middle Initial)			Data of Diahumaana			
A. Sun Trust Bank			Date of Disbursem	ent		
Mailing Address P.O. Box 85024			08 05	2013		
Richmond	State Zip Code VA 23285		Transaction ID : \$	SB21B.49081		
Purpose of Disbursement Suntrust Moneris ACH Discount			Amount of Each Di	isbursement this Period		
Candidate Name		Category/ Type		41.90		
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)					
State: District: Full Name (Last, First, Middle Initial)						
B. Sun Trust Bank			Date of Disbursem	_		
Mailing Address P.O. Box 85024			08 20	2013		
Richmond	State Zip Code VA 23285		Transaction ID:	SB21B.49082		
Purpose of Disbursement Suntrust Account Analysis Fee			Amount of Each Di	isbursement this Period		
Candidate Name College of American Pathologists Politic	al Action Committee	Category/ Type		26.50		
Office Sought: House Senate President State: Disburser Disburser	ment For: Primary General Other (specify)					
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 16 OF 19		
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College of American Pathologists	Political Action Comr	nittee				
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A. BRADY FOR CONGRESS			Date of Disbursement	· · · · · · · · · · · · · · · · · · ·		
Mailing Address P.O. Box 8277			08 01	2013		
,	State Zip Code		Transaction ID : SB	23 49087		
The Woodlands	TX 77387		Transaction is . Os	20.43001		
Purpose of Disbursement			Amount of Each Disb	ursement this Period		
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Office Sought: House Disburse	ment For: 2014					
Senate X	Primary General					
President	Other (specify) ▼					
State: TX District: 08						
Full Name (Last, First, Middle Initial) B. Democratic Congressional Campa	: O:-		Data of Diaburaamant			
B. Democratic Congressional Campa	lign Committee		Date of Disbursement			
Mailing Address 430 South Capital Street, SE			08 29	2013		
City	State Zip Code		Transaction ID : SB	23.49094		
Washington Purpose of Disbursement	DC 20003					
Other 2103 Contribution DCCC Annual Contribution	n		Amount of Each Disb	ursement this Period		
Candidate Name		Category/ Type		5000.00		
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Senate	Primary General					
	Other (specify) ▼					
State: District:	Other					
Full Name (Last, First, Middle Initial) C. MARSHA BLACKBURN FOR CON	NGRESS INC.		Date of Disbursement			
			M M / D D	/ Y Y Y Y Y		
Mailing Address PO Box 3750			08 01	2013		
City	State Zip Code		Transaction ID : SB	23.49088		
BRENTWOOD Purpose of Disbursement	TN 37024					
Purpose of Disbursement						
Candidate Name		Category/	Amount of Each Disb	3000.00		
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President	Other (specify) ▼					
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Mailing Address P.O. Box 23219				08	01		2013	_
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City	State	Zip Code		T-	notice In 1	2000 4000		
SPRINGFIELD		22152		ırans	action ID : \$	ა¤∠ა.4909	•	
Purpose of Disbursement Other Contribution - Leadership PAC]	Λ	of E - 1 -	ob	+ 4E++ =	i
Candidate Name			Category/	Amount	of Each Di	suursemer		
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	Detailed Summary Page	27	28a 28b 28c X 29 30			
Any information copied from such Reports and Stater	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions			
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