

**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.....	451452.94	
(c) Total Receipts (from Line 19)	6301.00	181558.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	457753.94	658523.54
7. Total Disbursements (from Line 31).....	58641.90	259411.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	399112.04	399112.04
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: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

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).....	5001.00	133020.00
(ii) Unitemized	1300.00	27618.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6301.00	160638.45
(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)	6301.00	160638.45
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))..... ▶	6301.00	181558.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6301.00	181558.98

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	41.90	936.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41.90	936.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58600.00	260600.00
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	-2125.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-2125.00
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)) ..	58641.90	259411.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58641.90	259411.50

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)	6301.00	160638.45
34. Total Contribution Refunds (from Line 28(d))	0.00	-2125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6301.00	162763.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41.90	936.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	19420.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41.90	-18484.03

**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 17
	(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

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. Alfred W Campbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Hidden Creek Circle
 City Spartanburg State SC Zip Code 29306
 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
 10 / 02 / 2014
Transaction ID : SA11AI.51337
 Amount of Each Receipt this Period
 750.00

B. 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : SA11AI.51349
 Amount of Each Receipt this Period
 1000.00

C. Dr. Laura Jane Gardner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Edgar Rd
 City Saint Louis State MO Zip Code 63119-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Anthony's Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA11AI.51345
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 17
<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

A. Dr. John Forbes Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path Rm 132S
 4440 W 95th St
 City State Zip Code
 Oak Lawn IL 60453-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advocate Christ Med 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
 10 / 09 / 2014
Transaction ID : SA11AI.51351
 Amount of Each Receipt this Period
 500.00

B. Dr. Janice B McCall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5751 Hoover Blvd
 City State Zip Code
 Tampa FL 33634-5340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ruffolo, Hooper & Associates Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : SA11AI.51338
 Amount of Each Receipt this Period
 101.00

C. Dr Thomas S Namiki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1301 Punchbowl St
 City State Zip Code
 Honolulu HI 96813-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Queens Med Ctr 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
 10 / 05 / 2014
Transaction ID : SA11AI.51341
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1001.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<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

A. Dr. Joseph P Rank MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Columbia St Ste 200
 City Seattle State WA Zip Code 98104-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CellNetix Path & Labs Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2014
Transaction ID : SA11AI.51347
 Amount of Each Receipt this Period 250.00

B. Dr Howard L Siegel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology 6701 N Charles St
 City Baltimore State MD Zip Code 21204-6808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Baltimore Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2014
Transaction ID : SA11AI.51336
 Amount of Each Receipt this Period 500.00

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 10 / 07 / 2014
Transaction ID : SA11AI.51348
 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).....▶	5001.00

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 Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2014

Transaction ID : SB21B.51269

Amount of Each Disbursement this Period

41.90

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) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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)..... ▶

41.90

41.90

**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. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51275

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For: 2014
 Primary General
 Other (specify) **OTHER**

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51276

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. COMMON VALUES PAC

Mailing Address 406 Virginia Avenue

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **OTHER**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : SB23.51270

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	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. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVE

City State Zip Code
ELMHURST NY 11373

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB23.51278

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City State Zip Code
VISALIA CA 93290

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : SB23.51271

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB23.51279

Amount of Each Disbursement this Period

2000.00

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

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

7100.00

**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. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SB23.51281

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO Box 21786

City State Zip Code
Seattle WA 98111

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SB23.51282

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City State Zip Code
UNIONVILLE PA 19375

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SB23.51283

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

**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. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VA 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
10	/	08	/	2014

Transaction ID : SB23.51285

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NC 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
10	/	08	/	2014

Transaction ID : SB23.51286

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE, SOUTH
SUITE 200

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	08	/	2014

Transaction ID : SB23.51287

Amount of Each Disbursement this Period

2000.00

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

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

5500.00

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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. LEVIN FOR CONGRESS

Mailing Address P.O. Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51288

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City State Zip Code
BAKERSFIELD CA 93389

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ OTHER

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51289

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)

Mailing Address PO BOX 3241

City State Zip Code
BRENTWOOD TN 37024

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ OTHER

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51290

Amount of Each Disbursement this Period

2500.00

Category/
Type

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

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

7500.00

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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. MCCONNELL SENATE COMMITTEE

Mailing Address P.O. BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51294

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51295

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PAC TO THE FUTURE

Mailing Address 700 13TH STREET, NW
SUITE 600

City Washingt State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ OTHER

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.51297

Amount of Each Disbursement this Period

4000.00

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

8500.00

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. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB23.51298

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : SB23.51272

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address P.O. BOX 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB23.51299

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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. TIM SCOTT FOR SENATE

Mailing Address 499 SOUTH CAPITOL STREET
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	4

Transaction ID : SB23.51301

Amount of Each Disbursement this Period

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

B. UPTON VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.51273

Amount of Each Disbursement this Period

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

C. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234-0661

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.51274

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	5	0	0	0	0	0	0	0	0
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5	8	6	0	0	0	0	0	0	0
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