Image# 13964800249 PAGE 1 / 22

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								(Office Use	Only	
1. NAME OF COMMITT	= τ ΓΕΕ (in full)	YPE OR P	RINT ▼		mple: If typr r the lines.	oing, type	12FE	14M5	: :		
College o	f American Pa	thologis	sts Politica	I Action	Committ	:ee					
<u> </u>				1 1 1 1	1 1 1 1		1 1 1	1 1	1 1 1	1 1	, , , , , ,
		1350 Str	eet, NW								
ADDRESS (nu ▼	mber and street)	Suite 590									
	k if different	Julie 390									
	previously ted. (ACC)	Washingt	on 				DC		20005		
2. FEC IDE	NTIFICATION NUI	MBER ▼		CITY 🛦			STATE	\	Z	IP COI	DE 🛦
C	00274944		3.	IS THIS REPORT	×	NEW (N) OR		AME (A)	NDED		
4. TYPE O	F REPORT	(b) Mont	ort	eb 20 (M2)		May 20 (M5)		Aug 20) (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Quart	(a) Quarterly Reports:			Mar 20 (M3)		Jun 20 (M6)		Sep 20			Dec 20 (M12) (Non-Election Year Only)
	April 15	,		Apr 20 (M4)	Ш	Jul 20 (M7)	×	Oct 20	(M10)	Ш	Jan 31 (YE)
	Quarterly Report (Q1 July 15	(C)	12-Day PRE -Election		Primary (12	2P)	Ge	eneral (12	2G)		Runoff (12R)
	Quarterly Report (Q2 October 15	2)	Report for the	:	Convention	(12C)	Sp	ecial (12	S)		
	Quarterly Report (Q3	5)			M M	/ D D /	Y	V V	:	n tha	
	January 31 Year-End Report (YE	i)	Ele	ction on	W - W	,				n the State of	
L F	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election		General (30	DG)	Ru	noff (30F	٦)		Special (30S)
	Termination Report		Report for the): -	M = M	/ D D /	Y	Y	i	n the	
	(TER)		Ele	ction on						State of	
5. Covering	Period 09	01	201	3	through	M M	/ D 30		2013		
I certify that I	have examined this	Report ar	nd to the best	of my kno	wledge and	belief it is to	rue, corre	ct and o	complete		
-	Name of Treasurer	-	e R. Ellerbroek	-							
Signature of T	reasurer <i>Dr. Rei</i>	nee R. Ellerb	roek		[Electronica	lly Filed]	Date	M M M	/ 17	7	2013
NOTE: Submiss	sion of false, erroned	ous, or inco	mplete informa	ation may si	ubject the pe	erson signing	this Repo	rt to the	penalties	of 2 L	J.S.C. §437g.
Offic									FEC	FOR	 М 3Х
Use Onl										v. 12/20	

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: 09 01 2013 To: 09 30 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	450327.69	
	(c) Total Receipts (from Line 19)	26220.00	165079.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	476547.69	615774.89
7.	Total Disbursements (from Line 31)	24604.40	163831.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	451943.29	451943.29
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

R	eport Covering the Period: From: 09		09 30 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)	20420.00	133219.00				
	(ii) Unitemized(iii) TOTAL (add	, 3300.00	29078.00				
	Lines 11(a)(i) and (ii)	23720.00	162297.00				
	(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) ▶	23720.00	162297.00				
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.)						
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
	to Federal Candidates and Other Political Committees	2500.00	2782.00				
	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				
10	Total Receipts (add Lines 11(d),						
13.	12, 13, 14, 15, 16, 17, and 18(c))▶	26220.00	165079.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	26220.00	165079.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursemen	nts	COLUMN B Calendar Year-to-Date			
 Operating Expenditures: (a) Allocated Federal/Non-F 		Total This Period	Jaionadi Todi to Dato		
Activity (from Schedule			0.00		
(i) Federal Share		0.00	0.00		
(ii) Non-Federal Share		0.00	0.00		
(b) Other Federal Operating	g				
Expenditures		104.40	831.60		
(c) Total Operating Expend (add 21(a)(i), (a)(ii), and		104.40	831.60		
. Transfers to Affiliated/Other					
Committees Contributions to		0.00	0.00		
Federal Candidates/Committee and Other Political Committee		24500.00	165500.00		
Independent Expenditures		0.00	0.00		
(use Schedule E)	ıres	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00		
. Loan Repayments Made		0.00	0.00		
Loans Made Refunds of Contributions To		0.00	0.00		
(a) Individuals/Persons Oth Than Political Committe	er es	0.00	0.00		
(b) Political Party Committee	ees	0.00	-5000.00		
(c) Other Political Committee (such as PACs)		0.00	0.00		
(d) Total Contribution Refur	nde				
(add Lines 28(a), (b), a		0.00	-5000.00		
. Other Disbursements		0.00	2500.00		
. Federal Election Activity (2 (a) Allocated Federal Election	• , ,,				
(from Schedule H6)		0.00	0.00		
(i) Federal Share		0.00	0.00		
(ii) "Levin" Share		0.00	0.00		
(b) Federal Election Activity With Federal Funds		0.00	0.00		
(c) Total Federal Election A Lines 30(a)(i), 30(a)(ii)		0.00	0.00		
Table Bid	01(1) 22		, , , , , , , , , , , , , , , , , , , ,		
Total Disbursements (add Li 23, 24, 25, 26, 27, 28(d), 29		24604.40	163831.60		
Total Federal Disbursements					
(subtract Line 21(a)(ii) and L	_ine 30(a)(ii)	24604.40	163831.60		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

TEO TOTAL (Nev. 02/2003)		r age 3
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)	23720.00	162297.00
4. Total Contribution Refunds (from Line 28(d))	0.00	-5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23720.00	167297.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	104.40	831.60
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	104.40	831.60

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

FOR LINE NUMBER:						PAGE		6	OF		22
(check only one)											
	X	11a		11b		11c		12			
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peter F. Bernhardt MD Mailing Address Dept of Path 800 Biesterfield Rd City Elk Grove Village FEC ID number of contributing federal political committee. Name of Employer Alexian Brothers Medical Center Receipt For: Primary General Other (specify)	State Zip Code IL 60007-3361 C Occupation Pathologist Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 09 23 2013 Transaction ID : SA11AI.49142 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Dr. Marsha Bertholf MD Mailing Address 7595 Centurion Pkwy City Jacksonville FEC ID number of contributing federal political committee. Name of Employer The Blood Alliance	State Zip Code FL 32256-0518 C Occupation	Date of Receipt 09 09 2013 Transaction ID: SA11AI.49105 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Alyson Miller Booth MD Mailing Address 35 Michigan St City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Spectrum Health Pathology Receipt For: Primary General Other (specify)	State Zip Code MI 49503 C Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 09 11 2013 Transaction ID : SA11AI.49112 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional	ı) >	3000.00
TOTAL This Period (last page this line num	nber only)	

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

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologic	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael S Brown MD		Date of Receipt
Mailing Address 2900 12th Ave N Ste 295W		09 11 2013
City	State Zip Code	Transaction ID : SA11AI.49118
Billings	MT 59101-7504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Yellowstone Pathology Institute Inc Bi	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. David K Carter MD		Date of Receipt
Mailing Address Dept of Path	M M / D D / Y Y Y Y	
407 E 3rd St	State Zip Code	09 02 2013
Duluth	MN 55805-1950	Transaction ID : SA11AI.49100
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
St. Mary's/Duluth Clinic Health System	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)		
Dr. Jessica M Comstock MD		Date of Receipt
Mailing Address Dept of Path		09 12 2013
100 Mario Capecchi Dr City	State Zip Code	Transaction ID : SA11AI.49132
Salt Lake City	UT 84113-1103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Primary Children's Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	r only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) College of American Patholo	ogists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Barry F Faust MD		Date of Receipt
Mailing Address 1328 Jay St		09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.49102
New Orleans	LA 70122-2232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
unafilliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Alan F Frigy MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
1800 E Lake Shore Dr	Otata 7'- Onda	09 11 2013
City	State Zip Code IL 62521-3810	Transaction ID : SA11AI.49111
Decatur	IL 62521-3810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
St Mary's Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Other (specify)	2000.00	
Full Name (Last, First, Middle Initial) . Dr. Paul Buntyn Googe MD		Date of Receipt
Mailing Address 315 Erin Dr		09 24 2013
City	State Zip Code	Transaction ID : SA11AI.49168
Knoxville	TN 37919-6202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Knoxville Dermatopathology Lab	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	al)	1750.00
	·	, , , , , , , , , , , , , , , , , , , ,
OTAL This Period (last page this line nun	nber only)	

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

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/ College of American Pathologi	ists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Allen M Gown MD		Date of Receipt
Mailing Address 551 N 34th St Ste 100		09 12 2013
City	State Zip Code	Transaction ID : SA11AI.49127
Seattle	WA 98103-8675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
PhenoPath Labs	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. William Valentine Harrer MD		Date of Receipt
Mailing Address 129 The Mews		M = M / D = D / Y = Y = Y
City	State Zip Code	09 24 2013
·	State Zip Code NJ 08033-1344	Transaction ID : SA11AI.49174
Haddonfield	110 00033-1344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
unafilliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Gene N Herbek MD	1	Date of Receipt
Mailing Address The Path Center 8303 Dodge St		09 10 2013
City	State Zip Code	Transaction ID : SA11AI.49108
Omaha	NE 68114-4108	Amount of Each Receipt this Period
	C	2500.00
FEC ID number of contributing federal political committee.		
3	Occupation	_
federal political committee.	Occupation Pathologist	
federal political committee. Name of Employer	Pathologist	
federal political committee. Name of Employer Methodist Hospital Pathology	· '	
federal political committee. Name of Employer Methodist Hospital Pathology Receipt For:	Pathologist	
federal political committee. Name of Employer Methodist Hospital Pathology Receipt For: Primary General	Pathologist Aggregate Year-to-Date ▼ 2500.00	5000.00

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for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Dr. Joseph T Jameson Jr MD Date of Receipt Mailing Address 411 E Matthews Ave 2013 City Zip Code State Transaction ID: SA11AI.49141 AR Jonesboro 72401-3142 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Doctors' Anatomic Path Svcs, PA Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Frederick L Kiechle MD, PhD Date of Receipt Mailing Address Dept of Path 3501 Johnson St 09 19 2013 City State Zip Code Transaction ID: SA11AI.49137 FL Hollywood 33021-5421 Amount of Each Receipt this Period FEC ID number of contributing 520.00 federal political committee. Name of Employer Occupation Memorial Regional Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Edward Albert Klein MD Date of Receipt Mailing Address 3 Shannon Ct 09 11 2013 City Zip Code State Transaction ID: SA11AI.49115 NY Center Moriches 11934-2709 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Brookhaven Mem Hosp Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1770.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 (check only one) X 11a 11b 11c

OF 22 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Roger D Klein MD,JD Date of Receipt Mailing Address 27500 Cedar Rd Apt 808 2013 City Zip Code State Transaction ID: SA11AI.49144 OH Beachwood 44122-1153 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation unafilliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lynn L Kleopfer MD Date of Receipt Mailing Address 200 Portland St 09 12 2013 City State Zip Code Transaction ID: SA11AI.49133 MO Columbia 65201-6525 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Boyce & Bynum Pathology Labs PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Rosanna L Lapham MD Date of Receipt Mailing Address Dept of Path 101 E Wood St 09 11 2013 City Zip Code State Transaction ID: SA11AI.49121 SC Spartanburg 29303 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation Spartanburg Regional Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

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

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for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Dr. Susanne Nussen Lee MD Date of Receipt Mailing Address 3805 West Chester Pike Ste 120 2013 26 City Zip Code State Transaction ID: SA11AI.49182 PΑ **Newtown Square** 19073-2329 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Institute for Dermatopathology, PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Julia E. Mooney MD Date of Receipt Mailing Address 2036 Railroad Ave 09 24 2013 City State Zip Code Transaction ID: SA11AI.49160 CA Redding 96001-1801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Shasta Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. William Charles Pitts MD Date of Receipt Mailing Address Sierra Path Lab PO Box 2130 09 24 2013 Zip Code City State Transaction ID: SA11AI.49175 CA Clovis 93613-2130 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name 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. Ahren C Rittershaus MD Mailing Address 3000 New Bern Ave		Date of Receipt
		09 12 2013
City	State Zip Code	Transaction ID : SA11AI.49125
Raleigh	NC 27610-1231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
unafilliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mark Shertzer MD		Date of Receipt
Mailing Address 25 Harrington Lane		09 11 2013
City	State Zip Code	Transaction ID : SA11AI.49117
Dothan F.C. ID average of contribution	AL 36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Pathology Laboratory Assoc.	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Daniel D Slagel MD		Date of Receipt
Mailing Address Path Associates 250 Mercy Dr G231		09
City Dubuque	State Zip Code IA 52004-0731	Transaction ID : SA11AI.49131
·		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
United Clinical Laboratories	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number	only)	

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or each category of the Detailed Summary Page	X	11a	11b	11c		12	
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologic	sts Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Dr. Mitchell Steven Wachtel MD		Date of Receipt
Mailing Address Path Dept School of Med		M = M / D = D / Y = Y = Y
3601 4th Street	Ctoto 7th Code	09 13 2013
City Lubbock	State Zip Code TX 79430-0001	Transaction ID : SA11AI.49134
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Texas Tech Univ HSC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Lester K Wong MD		Date of Receipt
Mailing Address 183 E 8th Ave		09 24 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.49162
Chico	CA 95926-2341	Amount of Each Receipt this Period
FEC ID number of contributing	C	
federal political committee.	C	200.00
Name of Employer	Occupation	
Pathology Sciences Med Group	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. John T Yamashita MD		Date of Receipt
Mailing Address PO Box 9600		09 11 2013
City	State Zip Code	Transaction ID : SA11AI.49116
Mission Hills	CA 91346-9600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Providence Holy Cross Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	r only)	20420.00

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 22				
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)				
_				13 14 15 X 16 17				
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage and a	ay not be sold or used by any ponderess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) College of American Pathologis	ts Politica	al Action Committee					
Α.	Full Name (Last, First, Middle Initial) H. Margaret Neal Dr.			Date of Receipt				
	Mailing Address 1899 Eider Ct			09 30 _ 2013 _				
	City	State	Zip Code	Transaction ID : SA16.49206				
	Tallahassee	FL	32308	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		2500.00				
	Name of Employer	Occupation	1	Refund				
	KWB Pathology Associates	Pathologist						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		2500.00					
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt				
υ.	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code					
				Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		4 • • • • • • • • • • • • • • • • • • •					
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt				
О.	Mailing Address			M M / D D / Y Y Y Y Y				
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	FEC ID number of contributing federal political committee.	С		Amount of Each Necept this Period				
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	, iggi ogalo		1				
	Other (specify) \blacktriangledown		9 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
5	SUBTOTAL of Receipts This Page (optional)			2500.00				

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

2500.00

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SCHEDULE B (FEC Form 3X)	11		FOR LINE NUMBER: PAGE 16 OF			OF	22					
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College of American Pathologists P	Olitical Action	on Comm	ııttee									
Full Name (Last, First, Middle Initial)					<u> </u>							
A. Sun Trust Bank					Date of							
Mailing Address P.O. Box 85024					09		03	_		2013	Y	
•		Code			Trans	action	ı ID ·	SB2	1B.49	183		
Richmond Purpose of Disbursement	VA 232	85			Trans	actioi		ODZ	10.43	100		
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Candidate Name			Categor	y/		-				44	00	П
Office Country House			Type			7		_	7	41	.90	_
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	Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial)												
B. Sun Trust Bank					Date of	f Disbu	ursen	nent				
Mailing Address P.O. Box 85024					09	′ [20	_		2013	Y	
City	tate Zip	Code			Trong	a a a ti a r	. ID :	. epa	21B.49	101		
	VA 232	285			Irans	saction	: טו וי	3D2	110.49	104		
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Candidate Name			Categor	v/						-	-	٦
			Type	y,		- 7		-	7	62	2.50	_
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	Primary Other (specify)	General										
State: District:	oo. (opoo)	•										
Full Name (Last, First, Middle Initial)												
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Office Sought: House Disbursem	ent For:		Type			7		-	7		_	_
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I \	ege of American Pathologists F	Political Action Com	mittee			
/Full N	ame (Last, First, Middle Initial)		Ī			
	RA FOR CONGRESS			Date of Disbursemer	nt	
				M M / D D	/ Y Y Y Y Y	
Mailing	g Address POST OFFICE BOX 582496			09 16	2013	
City		State Zip Code				
-	GROVE	CA 95758		Transaction ID : SE	323.49189	
Purpos	se of Disbursement					
				Amount of Each Disk	oursement this Period	
Candid	date Name		Category/		1000.00	
Office	Sought: Y House Disburser	ment For: 2014	Type			
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B. BRA	ADY FOR CONGRESS			Date of Disbursemer	nt	
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Mailing	g Address P.O. Box 8277			09 17	2013	
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	/oodlands se of Disbursement	TX 77387				
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Mailing	g Address 5915 Eastman Avenue Suite 100			09 17	2013	
City		State Zip Code				
Midlan		MI 48640		Transaction ID : SI	B23.49203	
Purpos	se of Disbursement					
				Amount of Each Disk	oursement this Period	
Candid	date Name		Category/		5000.00	
Office	Sought: House Disburser	ment For: 2013	Туре		7	
Onice	Senate Disburser	Primary General				
	President	Other (specify) ▼				
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SCHEDULE B (FEC Form 3X)						18 OF	8 OF 22			
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Mailing Address 5915 EASTMAN AVE SUITE 100				09	27	<u> </u>	2013	-		
	State	Zip Code								
MIDLAND	MI	48640-6824		Trans	action ID :	SB23.4920	4			
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Our Flate Name				Amount	of Each D	isbursemer	nt this Pe	eriod		
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Mailing Address 5555 SOUTH STREET SUITE 200				09	05		2013			
,	State	Zip Code		Trans	action ID :	SB23.4918	5			
LINCOLN Purpose of Disbursement	NE	68508								
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	Primary	General								
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Mailing Address PO Box 230				09	16		2013			
	State	Zip Code		Trans	action ID :	SB23.4919	2			
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			Category/ Type				1000.0	00		
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UNIONVILLE Purpose of Disbursement Candidate Name Category/ Type Office Sought: State: PA District: 16 Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN BARRASSO Mailing Address P.O. Box 52008 City Casper Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Date of Disbursement Date of Disbursement Transaction ID: SB23.49209 Amount of Each Disbursement this Period Date of Disbursement Transaction ID: SB23.49209 Amount of Each Disbursement Date of Disbursement Capper Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify)	Mailing Address P.O. BOX 775				
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State: PA District: 16 Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN BARRASSO Mailing Address P.O. Box 52008 City State Zip Code Casper WY 82605 Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate President President Disbursement For: 2014 Primary General Other (specify) Other (specify) Other (specify) Tata of Disbursement Transaction ID: SB23.49195 Amount of Each Disbursement this Period Category/ Type		Primary General			
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Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify) ▼	Candidate Name				
Senate President Primary General Other (specify) ▼	Office Sought: House Dishurson	ont For: 0044	Туре	7	
President Other (specify) ▼					
State: WY District: 00		- \-i J/ ♥			
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)		·····•	5000.00	
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 20 OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Criccit Offic)			
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30		
Г		27			
Any information copied from such Reports and Sta or for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full)					
College of American Pathologists	s Political Action Comr	nittee			
Full Name (Last, First, Middle Initial)					
A. GEORGIANS FOR ISAKSON			Date of Disbursement		
Mailing Address 900 19th Street, NW, 8th Floor			09 16 2013		
City	State Zip Code		Transaction ID : SB23.49196		
Washington	DC 20006		Transaction ID . 3523.49190		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
Office Sought: House Senate President	sement For: 2014 ✓ Primary General Other (specify) ▼	71			
State: GA District: 00					
Full Name (Last, First, Middle Initial)					
B. GUTHRIE FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. Box 9639			09 16 2013		
City Bowling Green	State Zip Code KY 42102		Transaction ID: SB23.49197		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
	sement For: 2014 ✓ Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. JIM GERLACH FOR CONGRES	S COMMITTEE				
Mailing Address P. O. BOX 87			09 05 2013		
City UWCHLAND	State Zip Code PA 19480		Transaction ID : SB23.49186		
Purpose of Disbursement	174 19400				
Candidate Name		Category/	Amount of Each Disbursement this Period 1500.00		
Senate President	sement For: 2014 Primary General Other (specify) ▼	Type			
State: PA District: 06					
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3500.00		
TOTAL This Period (last page this line number or	nly)	·····			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 21 C		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check chily che)		
	Detailed Summary Page	21b	22 X 23 24 28a 28b 28c	25 26 29 30b
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NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. RODNEY FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 344			09 16	2013
City	State Zip Code			
TAYLORVILLE	IL 62568		Transaction ID : SB23.	49199
Purpose of Disbursement				
Candidate Name			Amount of Each Disburs	ement this Period
Candidate Name		Category/ Type		1000.00
Office Sought: House Disburs	ement For: 2014	1,700		
Senate	Primary General			
President	Other (specify) ▼			
State: IL District: 13 Full Name (Last, First, Middle Initial)				
B. RON BARBER FOR CONGRESS	.		Date of Disbursement	
TON BANBERT OR CONCRECE	,		M M / D D /	Y
Mailing Address PO BOX 57715			09 17	2013
City TUCSON	State Zip Code AZ 85732		Transaction ID : SB23.	49200
Purpose of Disbursement	712 03732			
			Amount of Each Disburs	ement this Period
Candidate Name		Category/		1000.00
Office Sought: Y House Disburs	ement For: 2014	Туре		1000.00
	Primary General			
President	Other (specify)			
State: AZ District: 02				
Full Name (Last, First, Middle Initial)				
C. VERN BUCHANAN FOR CONGR	RESS		Date of Disbursement	
Mailing Address P.O. BOX 48928			09 05	2013
City	State Zip Code		Transaction ID : SB23.	49187
SARASOTA Purpose of Disbursement	FL 34230			
. 4.,600 0. 2.054.00			Amount of Each Disburs	ement this Period
Candidate Name		Category/	Timodini di Zadii Diobalo	
		Type		1000.00
	ement For: 2014			
Senate President	Primary General Other (specify)			
State: FL District: 16	_ caron (opoonly) \			
SUBTOTAL of Disbursements This Page (optional)				3000.00
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SCHEDULE B (FEC Form 3X) \lceil		FOR LINE N	NUMBER:	PAGE 22 OF 22	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 🗶 23	24 25 26 28c 29 30	
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NAME OF COMMITTEE (In Full)	Daniel Co. any pontiou				
College of American Pathologists P	olitical Action Comm	ittee			
Full Name (Last, First, Middle Initial)					
A. WHITFIELD FOR CONGRESS COMMITTEE			Date of Disbursement		
Mailing Address 499 SOUTH CAPITOL STREET SUITE 420	toto Zin Codo		09 05	2013	
•	tate Zip Code DC 20003		Transaction ID : SB	23.49188	
Purpose of Disbursement	20003				
Candidate Name		Amount of Each Disbursement this Period			
	opt Fore 2044	Category/ Type	7	1000.00	
Senate X F	ent For: 2014 Primary General Other (specify) ▼				
State: KY District: 01					
Full Name (Last, First, Middle Initial) B.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
City	tate Zip Code				
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name					
	ent For: Primary General Other (specify) ▼	,,			
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Mailing Address			M M / D D /	Y	
City S	tate Zip Code				
Purpose of Disbursement					
Candidate Name			Amount of Each Disbu	ursement this Period	
President	ent For: Primary General Other (specify)	Type		7	
State: District:					
SUBTOTAL of Disbursements This Page (optional)				1000.00	
TOTAL This Period (last page this line number only)			1 1 40	24500.00	