

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09/01/2013 through 09/30/2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Dr. Renee R. Ellerbroek [Electronically Filed] Date 10/17/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20420.00	133219.00
(ii) Unitemized .....	3300.00	29078.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23720.00	162297.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	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.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2782.00
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))..... ▶	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. 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 .....	104.40	831.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	104.40	831.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	165500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	-5000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-5000.00
29. Other Disbursements .....	0.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24604.40	163831.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24604.40	163831.60

**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) .....	23720.00	162297.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23720.00	167297.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	104.40	831.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	104.40	831.60

**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 6 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Peter F. Bernhardt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 800 Biesterfield Rd  
 City Elk Grove Village State IL Zip Code 60007-3361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alexian Brothers Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 09 / 23 / 2013  
**Transaction ID : SA11AI.49142**  
 Amount of Each Receipt this Period  
**2000.00**

**B. Dr. Marsha Bertholf MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7595 Centurion Pkwy  
 City Jacksonville State FL Zip Code 32256-0518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Blood Alliance Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 09 / 09 / 2013  
**Transaction ID : SA11AI.49105**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Alyson Miller Booth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Michigan St  
 City Grand Rapids State MI Zip Code 49503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Health Pathology Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 09 / 11 / 2013  
**Transaction ID : SA11AI.49112**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Michael S Brown MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2900 12th Ave N Ste 295W  
City Billings State MT Zip Code 59101-7504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Yellowstone Pathology Institute Inc Bi Pathologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 11 / 2013  
**Transaction ID : SA11AI.49118**  
Amount of Each Receipt this Period  
1000.00

**B. Dr. David K Carter MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
407 E 3rd St  
City Duluth State MN Zip Code 55805-1950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Mary's/Duluth Clinic Health System Pathologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 02 / 2013  
**Transaction ID : SA11AI.49100**  
Amount of Each Receipt this Period  
250.00

**C. Dr. Jessica M Comstock MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
100 Mario Capecchi Dr  
City Salt Lake City State UT Zip Code 84113-1103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Primary Children's Medical Center Pathologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : SA11AI.49132**  
Amount of Each Receipt this Period  
1000.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Barry F Faust MD**

Mailing Address 1328 Jay St

City State Zip Code  
 New Orleans LA 70122-2232

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

Name of Employer Occupation  
 unaffiliated Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : SA11AI.49102**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Alan F Frigy MD**

Mailing Address Dept of Path  
 1800 E Lake Shore Dr

City State Zip Code  
 Decatur IL 62521-3810

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

Name of Employer Occupation  
 St Mary's Hospital 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  
 09 / 11 / 2013

**Transaction ID : SA11AI.49111**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Paul Buntyn Gooze MD**

Mailing Address 315 Erin Dr

City State Zip Code  
 Knoxville TN 37919-6202

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

Name of Employer Occupation  
 Knoxville Dermatopathology Lab 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  
 09 / 24 / 2013

**Transaction ID : SA11AI.49168**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Allen M Gown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 551 N 34th St Ste 100  
 City Seattle State WA Zip Code 98103-8675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PhenoPath Labs Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : SA11AI.49127**  
 Amount of Each Receipt this Period **2000.00**

**B. Dr. William Valentine Harrer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 The Mews  
 City Haddonfield State NJ Zip Code 08033-1344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : SA11AI.49174**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Gene N Herbek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Path Center  
 8303 Dodge St  
 City Omaha State NE Zip Code 68114-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Hospital Pathology Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **09 / 10 / 2013**  
**Transaction ID : SA11AI.49108**  
 Amount of Each Receipt this Period **2500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Dr. Joseph T Jameson Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 E Matthews Ave  
 City Jonesboro State AR Zip Code 72401-3142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctors' Anatomic Path Svcs, PA Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2013  
**Transaction ID : SA11AI.49141**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Frederick L Kiechle MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 3501 Johnson St  
 City Hollywood State FL Zip Code 33021-5421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Regional Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : SA11AI.49137**  
 Amount of Each Receipt this Period  
 520.00

**C. Dr. Edward Albert Klein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Shannon Ct  
 City Center Moriches State NY Zip Code 11934-2709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brookhaven Mem Hosp Med Ctr 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  
 09 / 11 / 2013  
**Transaction ID : SA11AI.49115**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1770.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Roger D Klein MD,JD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27500 Cedar Rd Apt 808  
 City Beachwood State OH Zip Code 44122-1153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 23 / 2013**  
**Transaction ID : SA11AI.49144**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Lynn L Kleopfer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Portland St  
 City Columbia State MO Zip Code 65201-6525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boyce & Bynum Pathology Labs PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : SA11AI.49133**  
 Amount of Each Receipt this Period **250.00**

**c. Dr. Rosanna L Lapham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 101 E Wood St  
 City Spartanburg State SC Zip Code 29303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 11 / 2013**  
**Transaction ID : SA11AI.49121**  
 Amount of Each Receipt this Period **750.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Susanne Nussen Lee MD**  
Mailing Address 3805 West Chester Pike Ste 120  
City State Zip Code  
Newtown Square PA 19073-2329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Institute for Dermatopathology, PC Pathologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2013  
**Transaction ID : SA11AI.49182**  
Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Julia E. Mooney MD**  
Mailing Address 2036 Railroad Ave  
City State Zip Code  
Redding CA 96001-1801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Shasta Pathology Associates 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  
09 / 24 / 2013  
**Transaction ID : SA11AI.49160**  
Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**c. Dr. William Charles Pitts MD**  
Mailing Address Sierra Path Lab  
PO Box 2130  
City State Zip Code  
Clovis CA 93613-2130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Pathology Associates 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  
09 / 24 / 2013  
**Transaction ID : SA11AI.49175**  
Amount of Each Receipt this Period  
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Ahren C Rittershaus MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 New Bern Ave  
 City Raleigh State NC Zip Code 27610-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 12 / 2013  
**Transaction ID : SA11AI.49125**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mark Shertzer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Harrington Lane  
 City Dothan State AL Zip Code 36305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Laboratory Assoc. Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 09 / 11 / 2013  
**Transaction ID : SA11AI.49117**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Daniel D Slagel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Associates  
 250 Mercy Dr G231  
 City Dubuque State IA Zip Code 52004-0731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Clinical Laboratories Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 12 / 2013  
**Transaction ID : SA11AI.49131**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Mitchell Steven Wachtel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept School of Med  
 3601 4th Street  
 City Lubbock State TX Zip Code 79430-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Tech Univ HSC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : SA11AI.49134**  
 Amount of Each Receipt this Period  
 400.00

**B. Dr. Lester K Wong MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 183 E 8th Ave  
 City Chico State CA Zip Code 95926-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Sciences Med Group Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : SA11AI.49162**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr. John T Yamashita MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9600  
 City Mission Hills State CA Zip Code 91346-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Holy Cross Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2013  
**Transaction ID : SA11AI.49116**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20420.00

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

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

FOR LINE NUMBER: PAGE 15 OF 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**H. Margaret Neal Dr.**

Mailing Address 1899 Eider Ct

City State Zip Code  
 Tallahassee FL 32308

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

Name of Employer Occupation  
 KWB Pathology Associates Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA16.49206**

Amount of Each Receipt this Period  
 2500.00

Refund

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**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

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)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Moneris ACH Discount

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2013

**Transaction ID : SB21B.49183**

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2013

**Transaction ID : SB21B.49184**

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

104.40

104.40



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City State Zip Code  
ELK GROVE CA 95758

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2013

**Transaction ID : SB23.49189**

Amount of Each Disbursement this Period

1000.00
---------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2013

**Transaction ID : SB23.49201**

Amount of Each Disbursement this Period

2000.00
---------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)**

Mailing Address 5915 Eastman Avenue Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2013

**Transaction ID : SB23.49203**

Amount of Each Disbursement this Period

5000.00
---------

Category/  
Type

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

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

8000.00
---------

--

**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

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)

**A. DAVE CAMP FOR CONGRESS**

Mailing Address 5915 EASTMAN AVE  
SUITE 100

City MIDLAND State MI Zip Code 48640-6824

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2013

**Transaction ID : SB23.49204**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DEB FISCHER FOR US SENATE INC**

Mailing Address 5555 SOUTH STREET  
SUITE 200

City LINCOLN State NE Zip Code 68508

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2013

**Transaction ID : SB23.49185**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAN MAFFEI**

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2013

**Transaction ID : SB23.49192**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

**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

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)

**A. FRIENDS OF DICK DURBIN COMMITTEE**

Mailing Address P O BOX 1949

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : SB23.49194**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 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  
09 / 27 / 2013

**Transaction ID : SB23.49205**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARRASSO**

Mailing Address P.O. Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : SB23.49195**

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

**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

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)

**A. GEORGIANS FOR ISAKSON**

Mailing Address 900 19th Street, NW, 8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2013

**Transaction ID : SB23.49196**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2013

**Transaction ID : SB23.49197**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JIM GERLACH FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2013

**Transaction ID : SB23.49186**

Amount of Each Disbursement this Period

1500.00

Category/  
Type

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

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

3500.00

**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

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)

**A. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: IL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : SB23.49199**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RON BARBER FOR CONGRESS**

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 17 / 2013

**Transaction ID : SB23.49200**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. VERN BUCHANAN FOR CONGRESS**

Mailing Address P.O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : SB23.49187**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**A. WHITFIELD FOR CONGRESS COMMITTEE**

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: KY District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : SB23.49188**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/  
Type

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

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

1000.00

24500.00