PAGE 1 / 10

Image# 13964513255

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
College of American F	'athologists Political	Action Committee	
<u> </u>			
ADDRESS (number and street)	1350 I Street, NW		
TIESO (Hullibel and Street)	Suite 590		
Check if different than previously reported. (ACC)	Washington		DC 20005 -
2. FEC IDENTIFICATION N	UMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00274944		IS THIS REPORT X (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	ar 20 (M3)	(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Aŗ	or 20 (M4) Jul 20 (N	Year Only) M7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (0	Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (0	PRF-Election	Convention (12C)	Special (12S)
October 15 Quarterly Report (0	Q3)		
January 31 Year-End Report (YE) Elect	ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t T	ion on	in the State of
5. Covering Period 0	7 01 2013		7 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	nis Report and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Dr. Renee R. Ellerbroek		
Signature of Treasurer Dr. I	Renee R. Ellerbroek	[Electronically Filed]	Date 08 / 14 / 2013
NOTE: Submission of false, error	neous, or incomplete informati	on may subject the person sign	ing this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use Only			Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 07 01 2013 To: 07 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		450695.89
	(b) Cash on Hand at Beginning of Reporting Period	457519.49	
	(c) Total Receipts (from Line 19)	3825.00	115727.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	461344.49	566422.89
7.	Total Disbursements (from Line 31)	10080.40	115158.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	451264.09	451264.09
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

I. Receipts	To: 07 31 2013			
i. neceipts	Total This Period	Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	2002.00	04040.00		
(i) Itemized (use Schedule A)	3600.00	91649.00		
		24070.00		
(ii) Unitemized	225.00	24078.00		
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	3825.00	115727.00		
Lines Tr(a)(i) and (ii)	, 5025.00			
(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		145707.00		
Totals to Line 33, page 5)	3825.00	115727.00		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
	0.00	0.00		
3. All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)	0.00	0.00		
(Carry Totals to Line 37, page 5)	0.00	0.00		
S. Refunds of Contributions Made				
to Federal Candidates and Other Political Committees	0.00	0.00		
7. Other Federal Receipts	0.00	7		
(Dividends, Interest, etc.)	0.00	0.00		
B. Transfers from Non-Federal and Levin Funds	0.00	0.00		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(4		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(b) Leviii i dilas (iloili Scheddle 115)	7			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ■	2825 00	115727.00		
12, 10, 17, 10, 10, 11, and 10(c))	3825.00	110727.00		
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	3825.00	115727.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
Operating Expenditures: —	iotai iilis reliuu	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(") No Follow Oleve	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	80.40	658.80		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b)) ▶	80.40	658.80		
Transfers to Affiliated/Other Party	2.00	0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	10000.00	119500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	3.00	7		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(100 00 00 00 00 00 00 00 00 00 00 00 00				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:	5.55	5.55		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	-5000.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	-5000.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(**) #	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	3.00		
(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		
Table Birth and the fall the country of the country				
Total Disbursements (add Lines 21(c), 22,	40000 40			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10080.40	115158.80		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	10080.40	115158.80		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3825.00	115727.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	-5000.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3825.00	120727.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	80.40	658.80	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	80.40	658.80	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

_	R LINE			:	PAGE	6	OF	10
(ch	eck only	or	ıe)					
>	11a		11b		11c	12		
	13		14		15	16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ioto Political Astissa Ossassiv	
/ College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jared Abbott MD,PhD		Date of Receipt
Mailing Address 305 41st St		07 17 2013
City	State Zip Code	Transaction ID : SA11AI.49016
West Des Moines	IA 50265-3874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	†
Pathology Laboratory PC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. S. Robert Freedman MD		Date of Receipt
Mailing Address 815 Pollard Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	07 02 2013
City Los Gatos	State Zip Code CA 95032-1438	Transaction ID : SA11AI.49013
_	5,002-1400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation]
El Camino Hospital	Pathologist]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. John Elliott LeeSang MD		Date of Receipt
Mailing Address Dept of Pathology 1301 Wonder World Dr		07 22 2013
City	State Zip Code	Transaction ID : SA11AI.49021
San Marcos	TX 78666-7533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Central Texas Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
	<u>·</u> _	
TOTAL This Period (last page this line number	er 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	10
(check on	ly one)			
X 11a	11b	11c	12	
13	14	15	16	17

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 personant 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. Ana Maria Medina MD Mailing Address Suite 2400		Date of Receipt
Mailing Address Suite 2400 4300 Alton Road		07 23 2013
City 4500 Alloli Road	State Zip Code	Transaction ID : SA11AI.49023
Miami Beach	FL 33140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mount Sinai Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Cooley G Pantazis MD		Date of Receipt
Mailing Address 2240 SE 5th St		07 18 2013
City	State Zip Code	Transaction ID : SA11AI.49017
Ocala	FL 34471-2617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Hemacon Laboratories LLC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Matthew Ray Plymyer MD		Date of Receipt
Mailing Address 506 Devonhall Ln		07 02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Cary	State Zip Code NC 27518-2658	Transaction ID : SA11AI.49014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
unaffiliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1800.00
TOTAL This Period (last page this line number		

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

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

FOR LINE NUMBER: [f (check only one)	PAGE	:	8	OF	10						
	(0	che	ck only	or	ne)						
		X	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	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee					
Full Name (Last, First, Middle Initial) A. Dr. Thomas H Rynalski MD		Date of Receipt				
Mailing Address Dept of Path 4351 Tamiami Trl N	4351 Tamiami Trl N					
City Naples	State Zip Code FL 34103-3106	Transaction ID : SA11AI.49028 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Naples Pathology Associates	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	7 or East Hoodipt this Fellod				
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial)		Date of Receipt				
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.	C					
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)		500.00				
TOTAL This Period (last page this line numbe	r only)	3600.00				

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 9 OF 10			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check onl	y one)			
	Detailed Summary Page	X 21b	22 28a	23 24 25 29 28c 29		
Any information copied from such Benerte and Cta	tomente may not be cold as					
Any information copied from such Reports and State or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
College of American Pathologists	s Political Action Com	mittee				
Full Name (Last, First, Middle Initial)						
A. Sun Trust Bank			Date of Disbursement			
Mailing Address P.O. Box 85024	07	03 2013				
City		Transac	ction ID : SB21B.49029			
Richmond Purpose of Disbursement	VA 23285		-	3.1011 13 1 032 131 10020		
Suntrust Moneris ACH Discount			Amount o	of Each Disbursement this Period		
Candidate Name		Category/		41.90		
Office Sought: House	nament For:	Type		41.90		
Office Sought: House Disbur	sement For: Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial)						
B. Sun Trust Bank	Sun Trust Bank					
Mailing Address P.O. Box 85024	Mailing Address P.O. Box 85024					
City Richmond	Richmond VA 23285					
Purpose of Disbursement Suntrust Account Analysis Fee			Amount o	of Each Disbursement this Period		
Candidate Name		Category/		20.50		
Office Sought	coment For	Type		38.50		
Office Sought: House Disbur Senate	sement For: Primary General					
President	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of F	Disbursement		
- .			M	/ D D / Y Y Y Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement			-			
			Amount o	of Each Disbursement this Period		
Candidate Name		Category/ Type		A		
	sement For:			, , , , , , , , , , , , , , , , , , , ,		
Senate	Primary General					
State: District:	Other (specify) ▼					
State. Biotriot.						
SUBTOTAL of Disbursements This Page (optiona	l)			80.40		
	,		-	7 7 7 7		
TOTAL This Period (last page this line number or	nly)	·····		80.40		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) A. COMMON VALUES PAC Mailing Address 406 Virginia Avenue City ALEXANDRIA Purpose of Disbursement Candidate Name College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Per Category/ Type Other Full Name (Last, First, Middle Initial) B. ORRINPAC Mailing Address C/O EH Murray Group, LLC 6510 Anna Maria Court City McLean VA Z2101 Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAG	GE 10 OF 10
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. COMMON VALUES PAC Mailing Address 406 Virginia Avenue City State Zip Code VA 22314 Purpose of Disbursement Candidate Name College of American Pathologists Political Action Committee Transaction ID : SB23.49033 Amount of Each Disbursement this Per Category/ Type State: District: Other (specify) ▼ State: District: Other (specify) ▼ Mailing Address Po Box 3176 Category/ Type Office Sought: House Primary Group. LLC Son Anna Maria Court City VA 22101 Purpose of Disbursement Category/ Type Transaction ID : SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID : SB23.49031 Amount of Each Disbursement this Per Category/ Type Office Sought: House Disbursement For: 2013 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: 2013 Primary General Primary Ge	ITEMIZED DISBURSEMENTS		(check only one) 21b 22 X 23 24	
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. COMMON VALUES PAC Mailing Address 406 Virginia Avenue City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement Cardidate Name College of American Pathologists Political Action Committee Calegory Type Office Sought: House Senate President State: District: Other (specify) ▼ Mailing Address C/O EH Murray Group, LLC Ses10 Anna Maria Court City Senate Primary General Polimary Group Category Type Office Sought: House Senate VA 22101 Purpose of Disbursement Cardidate Name Category Type Date of Disbursement this Per Category Type Date of Disbursement this Per Category Type Date of Disbursement this Per Category Type Transaction ID : SB23.49033 Amount of Each Disbursement Date of Disbursement this Per Category Type Transaction ID : SB23.49031 Amount of Each Disbursement this Per Category Type Date of Disbursement Date of Disbursement Disbursement Transaction ID : SB23.49031 Amount of Each Disbursement Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Date o				
A. COMMON VALUES PAC Mailing Address 406 Virginia Avenue City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement Candidate Name College of American Pathologists Political Action Committee Office Sought: House President Primary General Full Name (Last, First, Middle Initial) ORRINPAC Mailing Address C/O EH Murray Group, LLC 6510 Anna Maria Court City State: Disbursement Candidate Name Category/ Type Date of Disbursement this Per 2500.00 Date of Disbursement this Per 2500.00 Transaction ID : SB23.49033 Amount of Each Disbursement this Per 2500.00 Transaction ID : SB23.49031 Transaction ID : SB23.49031 Transaction ID : SB23.49031 Transaction ID : SB23.49031 Amount of Each Disbursement this Per 2500.00 Transaction ID : SB23.49031 Transaction ID : SB23.49031 Amount of Each Disbursement this Per 2500.00 Office Sought: Other (specify) ▼ 2500.00 Office Sought: Other (specify) ▼ 2500.00 Transaction ID : SB23.49035 Amount of Each Disbursement Date of Disbursement Transaction ID : SB23.49035 Amount of Each Disbursement this Per 2013 Category/ Type Office Sought: Other (specify) ▼ 5000.00 Office Sought: Other (specify) ▼ 5000.00	NAME OF COMMITTEE (In Full)			
A. COMMON VALUES PAC Mailing Address 406 Viriginia Avenue City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement Candidate Name College of American Pathologists Political Action Committee College of American Pathologists Pathologists Pathologists Pathologists Pathologists Pathologists Pathol	College of American Pathologists F	Political Action Com	mittee	
City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement Candidate Name College of American Pathologists Political Action Committee Office Sought: House President Primary General Pr	Full Name (Last, First, Middle Initial)			
City	COMMON VALUES PAC		M M / D D / Y Y Y Y	
ALEXANDRIA Purpose of Disbursement Candidate Name College of American Pathologists Political Action Committee Office Sought: House President State: District: Full Name (Last, First, Middle Initial) ORRINPAC Mailing Address C/O EH Murray Group, LLC 6510 Anna Maria Court City McLean Purpose of Disbursement Candidate Name Category/ 15 Date of Disbursement Transaction ID: \$823.49033 Amount of Each Disbursement this Per Category/ 15 2500.00 Date of Disbursement Transaction ID: \$823.49031 Amount of Each Disbursement Transaction ID: \$823.49031 Amount of Each Disbursement Transaction ID: \$823.49031 Amount of Each Disbursement this Per Category/ 17 Transaction ID: \$823.49031 Amount of Each Disbursement this Per Category/ 17 Transaction ID: \$823.49031 Amount of Each Disbursement this Per Category/ 17 Transaction ID: \$823.49031 Amount of Each Disbursement this Per Category/ 17 Transaction ID: \$823.49031 Amount of Each Disbursement this Per Category/ 17 Categ			07 19	2013
Purpose of Disbursement Candidate Name College of American Pathologists Political Action Committee College of American Pathologists Political Action Committee Office Sought: House Primary General Primary General Primary Other (specify) State: District: Other Full Name (Last, First, Middle Initial) ORRINPAC Mailing Address C/O EH Murray Group, LLC 6510 Anna Maria Court City State Zip Code WA 22101 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Primar			Transaction ID : SB23.49	033
Candidate Name College of American Pathologists Political Action Committee Office Sought: House Senate Primary Other (specify) Nother Full Name (Last, First, Middle Initial) Purpose of Disbursement State: District: Office Sought: House Primary Other (specify) Other Date of Disbursement Transaction ID: SB23.49031 Amount of Each Disbursement Transaction ID: SB23.49031 Amount of Each Disbursement Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49031 Transaction ID: SB23.49035 Amount of Each Disbursement Date of Disbursement Transaction ID: SB23.49035 Transaction ID: SB23.49035 Transaction ID: SB23.49035 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49035 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49035 Transaction ID: SB23.49035 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49035 Transaction ID: SB23.49035 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49035 Transaction ID: SB23.49035 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB23.49035 Transaction ID: SB23.49035		VA 22314		
College of American Pathologists Political Action Committee Office Sought: House Senate President State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) ORRINPAC Mailing Address C/O EH Murray Group, LLC 6510 Anna Maria Court City State Zip Code VA 22101 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General	·		Amount of Each Disbursen	nent this Period
Office Sought: House Senate Primary General President State: District: Other (specify) Vother State: District: Other (specify) Vother State: District: Other (specify) Vother (s		al Action Committee		2500.00
B. ORRINPAC Mailing Address C/O EH Murray Group, LLC 6510 Anna Maria Court City McLean Purpose of Disbursement Candidate Name Candidate Name Disbursement For: 2013 Senate President State: District: Full Name (Last, First, Middle Initial) C. PALLONE FOR SENATE Mailing Address PO BOX 3176 City State Zip Code VA 22101 Transaction ID: SB23.49031 Amount of Each Disbursement this Per Category/ Type Other Date of Disbursement Category/ Type Date of Disbursement Date of Disbursement this Per Category/ Type Transaction ID: SB23.49031 Amount of Each Disbursement Date of Disbursement Transaction ID: SB23.49035 Transaction ID: SB23.49035 Transaction ID: SB23.49035 Amount of Each Disbursement this Per Category/ Type Office Sought: House Disbursement For: 2013 Purpose of Disbursement Special Election Candidate Name Category/ Type Other (specify) ▼ Senate President Disbursement For: 2013 Primary General Primary General Primary General Primary General Primary General President Other (specify) ▼	Office Sought: House Disbursen Senate	ment For: 2013 Primary General	, jype	
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