

**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.....	450695.89	
(c) Total Receipts (from Line 19)	35286.00	35286.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	485981.89	485981.89
7. Total Disbursements (from Line 31).....	29592.40	29592.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	456389.49	456389.49
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

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).....	25199.00	25199.00
(ii) Unitemized	10087.00	10087.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35286.00	35286.00
(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)	35286.00	35286.00
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.....	0.00	0.00
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))..... ▶	35286.00	35286.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35286.00	35286.00

DETAILED SUMMARY PAGE
of Disbursements

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	92.40	92.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92.40	92.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	29500.00
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	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29592.40	29592.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29592.40	29592.40

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)	35286.00	35286.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35286.00	35286.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	92.40	92.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	92.40	92.40

**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 19
	<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. James E Albro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Intermountain Healthcare
 5252 Intermountain Dr PO Box 57970
 City Murray State UT Zip Code 84107-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Laboratory 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
01 / 03 / 2013
Transaction ID : SA11AI.48446
 Amount of Each Receipt this Period
1000.00

B. Dr Ronald G Bardawil MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 275 Sandwich St
 City Plymouth State MA Zip Code 02360-2183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jordan Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2013
Transaction ID : SA11AI.48450
 Amount of Each Receipt this Period
249.00

C. Dr. Stephen N Bauer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept
 6501 Coyle Ave
 City Carmichael State CA Zip Code 95608-0306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy San Juan Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 23 / 2013
Transaction ID : SA11AI.48453
 Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	3749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John T Bickel MD		Date of Receipt MM / DD / YYYY 01 / 18 / 2013 Transaction ID : SA11AI.48456
Mailing Address Dept of Path 2525 Desales Ave		Amount of Each Receipt this Period 1000.00
City Chattanooga	State Zip Code TN 37404-1161	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Diagnostic Pathology Services PC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Karl Joseph Blessinger MD		Date of Receipt MM / DD / YYYY 01 / 17 / 2013 Transaction ID : SA11AI.48458
Mailing Address Dept of Path 172 4th St SE		Amount of Each Receipt this Period 250.00
City Huron	State Zip Code SD 57350-2510	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Huron Regional Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Pedro A Carmona MD		Date of Receipt MM / DD / YYYY 01 / 16 / 2013 Transaction ID : SA11AI.48466
Mailing Address Path Dept 951 N Washington Ave		Amount of Each Receipt this Period 500.00
City Titusville	State Zip Code FL 32796-2163	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Parrish Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 8 OF 19
	<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	<input type="checkbox"/> 17

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

A. Dr. Jeanne A Cooper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Fox Chapel Rd Apt 401
 City Pittsburgh State PA Zip Code 15238-2326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Macc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 01 / 17 / 2013
Transaction ID : SA11AI.48471
 Amount of Each Receipt this Period 1050.00

B. Dr. Anthony M. Dombrowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Section of Path 500 Remington Blvd
 City Bolingbrook State IL Zip Code 60440-4906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adventist Bolingbrook Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2013
Transaction ID : SA11AI.48478
 Amount of Each Receipt this Period 250.00

C. Dr. Raymond B Franklin MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Kuhl Ave
 City Orlando State FL Zip Code 32806-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adventist Bolingbrook Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 02 / 2013
Transaction ID : SA11AI.48492
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
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 9 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Laura Jane Gardner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Edgar Rd
 City State Zip Code
 Saint Louis MO 63119-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Anthony's Med Ctr 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
 01 / 24 / 2013
Transaction ID : SA11AI.48494
 Amount of Each Receipt this Period
 1000.00

B. Dr. Fred E. Gilbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Pine Hollow Dr
 City State Zip Code
 Newnan GA 30263-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Methodist Hospital 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
 01 / 17 / 2013
Transaction ID : SA11AI.48495
 Amount of Each Receipt this Period
 1000.00

c. Dr. Ronald H Hearne Sr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 4920 NE Stallings Dr
 City State Zip Code
 Nacogdoches TX 75965-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Massachusetts General Hospital 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
 01 / 23 / 2013
Transaction ID : SA11AI.48506
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 10 OF 19
	<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

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

A. Dr. Thomas M Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2333 Buchanan St Fl 2
 City San Francisco State CA Zip Code 94115-1925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Pacific Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : SA11AI.48512
 Amount of Each Receipt this Period
250.00

B. Dr. Bharati Suketu Jhaveri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 Woods Farm Ln
 City Springfield State IL Zip Code 62704-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St John's Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : SA11AI.48515
 Amount of Each Receipt this Period
1000.00

C. Dr Fernando L Lomba MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 809 E Marion Ave
 City Punta Gorda State FL Zip Code 33950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Regional Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 08 / 2013
Transaction ID : SA11AI.48530
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **1550.00**
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 19
	<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	

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

A. Dr. Thomas S Mego MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Pathology
 3200 Providence Dr
 City Anchorage State AK Zip Code 99508-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Alaska Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 16 / 2013**
Transaction ID : SA11AI.48535
 Amount of Each Receipt this Period **2500.00**

B. Dr. Gerald Minkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 49th St
 City Brooklyn State NY Zip Code 11219-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cellnetix Pathology and Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 04 / 2013**
Transaction ID : SA11AI.48539
 Amount of Each Receipt this Period **500.00**

C. Dr. Steven A. Mudrovich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1400 8th Ave
 City Fort Worth State TX Zip Code 76104-4110
 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 **250.00**

Date of Receipt **01 / 03 / 2013**
Transaction ID : SA11AI.48541
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 12 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Thomas S Namiki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1301 Punchbowl St
 City Honolulu State HI Zip Code 96813-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Queens Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : SA11AI.48543
 Amount of Each Receipt this Period
 300.00

B. Dr. John G Newby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 11110 Medical Campus Rd Ste 230
 City Hagerstown State MD Zip Code 21742-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Meritus Health Occupation 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
 01 / 08 / 2013
Transaction ID : SA11AI.48546
 Amount of Each Receipt this Period
 2500.00

c. Dr. Steven Frank O'Sheal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 1st St N Ste 200
 City Alabaster State AL Zip Code 35007-8796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cytology & Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : SA11AI.48548
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00
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 13 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. James A Robb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11613 Kensington Ct
 City Boca Raton State FL Zip Code 33428-2415
 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
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : SA11AI.48557
 Amount of Each Receipt this Period
 500.00

B. Dr. Sateesh K Satchidanand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2605 Harlem Rd
 City Cheektowaga State NY Zip Code 14225-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2013
Transaction ID : SA11AI.48562
 Amount of Each Receipt this Period
 500.00

c. Dr. Gregory N Sossaman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab Admin
 1514 Jefferson Hwy
 City New Orleans State LA Zip Code 70121-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : SA11AI.48570
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 14 OF 19
	<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	<input type="checkbox"/> 17

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

A. Dr. Vathany Sriganeshan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Blum Bldg Rm 2400
 4300 Alton Rd
 City Miami Beach State FL Zip Code 33140-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Clinic Medical Laboratory Occupation 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
01 / 09 / 2013
Transaction ID : SA11AI.48572
 Amount of Each Receipt this Period
500.00

B. Dr Julie B Steele MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Mail Drop 211C
 10666 N Torrey Pines Rd Fl 2
 City La Jolla State CA Zip Code 92037-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Clinic Medical Laboratory 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
01 / 17 / 2013
Transaction ID : SA11AI.48573
 Amount of Each Receipt this Period
250.00

C. Dr. Susan Marie Strate MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2627 San Simeon Dr
 City Wichita Falls State TX Zip Code 76308-4722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kell West Regional Hospital 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
01 / 09 / 2013
Transaction ID : SA11AI.48574
 Amount of Each Receipt this Period
1000.00

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 15 OF 19
	<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	

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

A. Dr Charles D Sturgis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12528 3rd Ave NE
 City Marysville State WA Zip Code 98271-6764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cellnetix Pathology and Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : SA11AI.48575
 Amount of Each Receipt this Period
500.00

B. Dr Cheryl A Szpak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Steeplechase Rd
 City Chapel Hill State NC Zip Code 27514-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2013
Transaction ID : SA11AI.48577
 Amount of Each Receipt this Period
1000.00

C. Dr John Winbern Turner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Carbon Hill Dr
 City Midlothian State VA Zip Code 23113-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Lab Consultants Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : SA11AI.48584
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 16 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Keith E Volmar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4420 Lake Boone Trail
 City Raleigh State NC Zip Code 27607-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rex Healthcare Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : SA11AI.48589
 Amount of Each Receipt this Period
 1500.00

B. Dr. R. Bruce Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Missouri Ave
 City Shreveport State LA Zip Code 71109-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Nicollet Methodist Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : SA11AI.48595
 Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	25199.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BADGERPAC

Mailing Address P O Box 70980

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2013

Transaction ID : SB23.48607

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: VA District: 07

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : SB23.48599

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capital Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : SB23.48600

Amount of Each Disbursement this Period

10000.00

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

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

17500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City State Zip Code
CONCORD NC 28027

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	3

Transaction ID : SB23.48601

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. MATHESON FOR CONGRESS

Mailing Address P.O. Box 521048

City State Zip Code
Salt Lake City UT 84152-1048

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	3

Transaction ID : SB23.48602

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City State Zip Code
Sacramento CA 95841

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	3

Transaction ID : SB23.48603

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : SB23.48604

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : SB23.48605

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WENSTRUP FOR CONGRESS

Mailing Address 512 MISSOURI AVE

City CINCINNATI State OH Zip Code 45226

Purpose of Disbursement

Candidate Name

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

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

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : SB23.48606

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

29500.00