FEC REPORT OF RECEIPTS Office Use Only FORM 3X REPORT OF RECEIPTS Office Use Only 1. NAME OF TYPE OR PRINT V Example: If typing, type over the lines. 1. NAME OF TYPE OR PRINT V Example: If typing, type over the lines.
1. NAME OF TYPE OR PRINT ▼ Example: If typing, type
College of American Pathologists Political Action Committee
ADDRESS (number and street)
Check if different
than previously Washington DC 20005 -
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00274944 3. IS THIS REPORT X (N) OR (A) AMENDED (A)
4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: X Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (I (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (II)
(a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Marceletion)
April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12
July 15 Quarterly Report (Q2) PRE-Election Report for the: Convention (12C) Special (12S)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE) Election on State of
July 31 Mid-Year (d) 30-Day Report (Non-election POST-Election General (30G) Runoff (30R) Special (30G) Year Only) (MY) Report for the: Runoff (30R) Special (30G)
Termination Report (TER) Election on Election on State of
5. Covering Period 01 / 01 / 2013 through 01 / 31 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 D1 20 2013
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §43

02/20/2013 12 : 19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From: 01	M / D D / Y Y Y Y 01 2013 T	o: 01 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
		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	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

X

FEC Form 3X (Rev. 06/2004)	ETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		: 490 -
College of American Pathologists P	olitical Action Committee	
Report Covering the Period: From: 01	M / D D / Y Y Y Y	01 / Y Y Y Y Y 01 31 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	25199.00	25199.00
(ii) Unitemized (iii) TOTAL (add	, 10087.00	10087.00
Lines 11(a)(i) and (ii)	35286.00	35286.00
(b) Political Party Committees(c) Other Political Committees	0.00	7 7 0.00
(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	35286.00	35286.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures (Defende Delected etc.) 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) Transfere from New Federal and Levin Funda- 	0.00	0.00
 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
 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

Image# 13961055315

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(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	92.4
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	29500.00	29500.00
Independent Expenditures	7 7 7 200000	2000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.00
	7 7 7	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
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
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29592.40	29592.4
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	29592.40	29592.40

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	35286.00	35286.00
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	35286.00	35286.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	92.40	92.40
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	92.40	92.40

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	Use separate schedule(s)					(check only one)							
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Any information copied from such Reports or for commercial purposes, other than us			erson for	the p	urpose	of solicitin	g contribu	itions					
NAME OF COMMITTEE (In Full)													
College of American Patho	logists Politica	al Action Committee											
Full Name (Last, First, Middle Initial) A. Dr. James E Albro MD			Da	te of	Receipt								
Mailing Address Intermountain Healthca	M = M / D = D / Y = Y = Y												
5252 Intermountain Dr City	PO Box 57970 State	Zip Code		01		03	2013						
Murray	UT	84107-5700				D:SA11AI Receipt ti		1					
FEC ID number of contributing federal political committee.	С				7		1000						
Name of Employer	Occupation	I											
Central Laboratory	Pathologist												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		1000.00]										
Full Name (Last, First, Middle Initial) B. Dr Ronald G Bardawil MD			Da	te of	Receipt								
Mailing Address Dept of Path 275 Sandwich St	275 Sandwich St					24 Y	2013	Y					
City Plymouth	State MA	Zip Code 02360-2183) : SA11AI							
		02300-2103	Am	ount	or Each	Receipt tl	ns Period	1					
FEC ID number of contributing federal political committee.	C				7		249	9.00					
Name of Employer Jordan Hosp	Occupation												
Receipt For:	Pathologist												
Primary General	Aggregate	Year-to-Date ▼											
Other (specify)		249.00											
Full Name (Last, First, Middle Initial) C. Dr. Stephen N Bauer MD			Da	te of	Receipt								
Mailing Address Path Dept 6501 Coyle Ave				м 01		D / Y 23	ү ү 2013	Y					
City	State CA	Zip Code				D : SA11A							
Carmichael	CA	95608-0306	Am	ount	of Each	Receipt t	nis Perioc	1					
FEC ID number of contributing federal political committee.	С				7		2500	0.00					
Name of Employer	Occupation												
Mercy San Juan Med Ctr													
Receipt For:	Aggregate	Year-to-Date ▼	_										
Other (specify) ▼		2500.00											
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NAME OF COMMITTEE (In Full) College of American Patholo	ogists Politica	al Action Committee										
Full Name (Last, First, Middle Initial) A. Dr. John T Bickel MD			Date c	of Receipt								
Mailing Address Dept of Path 2525 Desales Ave			01 18 2013									
City Chattanooga	State TN	Zip Code 37404-1161		saction ID								
FEC ID number of contributing federal political committee.	С					1000	.00					
Name of Employer Diagnostic Pathology Services PC	Occupation Pathologist											
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	1									
Full Name (Last, First, Middle Initial)			-									
B. Dr. Karl Joseph Blessinger MD			Date c	of Receipt								
Mailing Address Dept of Path 172 4th St SE			01	/ D 17		2013	Y					
City	State SD	Zip Code		saction ID :	-							
Huron	30	57350-2510	Amour	nt of Each I	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C					250.	.00					
Name of Employer Huron Regional Medical Center	Occupation Pathologist											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00	1									
Full Name (Last, First, Middle Initial) C. Dr Pedro A Carmona MD			Date c	of Receipt								
Mailing Address Path Dept 951 N Washington Ave			01	/ D 16		y y 2013	Y					
City Titusville	State FL	Zip Code 32796-2163		saction ID								
FEC ID number of contributing federal political committee.	С					500	.00					
Name of Employer	Occupation	I										
Parrish Med Ctr	Pathologist											
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Α.	Full Name (Last, First, Middle Initial) Dr. Jeanne A Cooper MD			[Date o	f Re	ceipt			
	Mailing Address 300 Fox Chapel Rd Apt 401				м м 01	/	17) / Y	2013	Y
	City Pittsburgh	State PA	Zip Code 15238-2326					SA11AI leceipt tl	.48471 his Period	d
	FEC ID number of contributing federal political committee.	С					7		105	0.00
	Name of Employer	Occupation Bathalogist								
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— B.	Full Name (Last, First, Middle Initial) Dr. Anthony M. Dombrowski MD				Date o	f Re	ceipt			
	Mailing Address Section of Path 500 Remington Blvd	21.1			M M 01	/	24	/ Y	2013	Y
	City Bolingbrook	State IL	Zip Code 60440-4906				-	SA11AL	. 48478 his Period	4
	FEC ID number of contributing federal political committee.	С					7			0.00
	Name of Employer Adventist Bolingbrook Hospital	Occupation Pathologist		_						
	Receipt For:	0	Year-to-Date ▼							
	Other (specify)		250.00							
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Raymond B Franklin MD,PhD				Date o	f Re	ceipt			
	Mailing Address 1414 Kuhl Ave				м м 01	/	02) / Y	2013	Y
	City	State FL	Zip Code					SA11AI		
	Orlando FEC ID number of contributing federal political committee.	C	32806-2008		Amoun	t of	Each R	leceipt tl	nis Perioo 25	1 0.00
	Name of Employer	Occupation								
	Adventist Bolingbrook Hospital	Pathologist								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 9 OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee A. Dr. Laura Jane Gardner MD Mailing Address 417 Edgar Rd City Sant Louis PC ID number of contributing federal political committee. Occupation Name of Employer Si Anthony & Mad Ctr Primary Occupation State political committee. Outer of encloyer B. Dr. Fred E, Gilbert MD Mailing Address 1 Pine Hollow Dr City Primary General Pul Name (Last, First, Middle Initial) B. Dr. Fred E, Gilbert MD Mailing Address 1 Pine Hollow Dr City Primary General Primary General Primary General Primary General Primary General Mailing Address 2 Pine Hollow Dr Tarsaection ID : SA11AL48495 Annum of Each Receipt Mailing Address 2 Pine Hollow Dr				Detailed Summary Page		11a 13		11k	_	11c	12	r.	17		
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_	Full Name (Last, First, Middle Initial)							Data	(D)												
А.	HUDSON FOR CONGRESS							Date o	_			_									
	Mailing Address PO BOX 5053			01 / 17 / 2013																	
	,	State	Zip Code					Trans	acti	on ID):	SB23.4	8601	1							
	CONCORD Purpose of Disbursement	NC	28027																		
								Amoun	t of	Each	D	isburse	men	t this	Period						
	Candidate Name			Cate	egoi ype									1000	0.00						
	Office Sought: House Disburser Senate X President	ment For: Primary Other (sp	General							,		,									
	State: NC District: 08																				
	Full Name (Last, First, Middle Initial)																				
В.	MATHESON FOR CONGRESS							Date o	_			_									
	Mailing Address P.O. Box 521048						01 / D D / Y Y Y Y 2013														
	City Salt Lake City	State UT	Zip Code 84152-1048					Trans	sacti	ion IE):	SB23.4	18602	2							
	Purpose of Disbursement																				
	Candidate Name			<u> </u>				Amount of Each Disbursement this Period													
			Cate T	egoi ype		5000.00															
		ment For: Primary Other (sp	General		<u>, 1</u>					,		,									
	State: UT District: 04																				
C.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRE	ESS						Date o	f Dis	sburse	em	nent									
	Mailing Address 5429 Madison Avenue							м м 01	/	D 1	D 17			013	Y						
	City	State	Zip Code					Trans	sacti	ion IC):	SB23.4	18603	3							
	Sacramento Purpose of Disbursement	CA	95841											-							
	Candidate Name			Cate	egol	ry/		Amount of Each Disbursement this Period													
		. –			ype					7	_			1500	.00						
	Senate President	ment For: Primary Other (sp	General																		
	State: CA District: 05																				
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\square	NAME OF COMMITTEE (In Full)																	
	College of American Pathologists I	Politica	Action Com	mitte	e													
~	Full Name (Last, First, Middle Initial)							Date o	f Di	huro	~ ~	aant						
А.	Price for Congress								_	sours			V	(Y	V			
	Mailing Address P.O. Box 425			01 17 2013														
	5	State	Zip Code			Transaction ID : SB23.48604												
	Roswell Purpose of Disbursement	GA	30077															
								Amoun	t of	Each	ιE	Disburs	emen	t this	Period			
	Candidate Name			Cat						2500.00								
	Office Sought: Y House Disburser	ment For:	2013	Т	ype)	_			7		,	_					
	Senate	Primary	General															
	President	Other (sp	ecify)															
	State: GA District: 06 Full Name (Last, First, Middle Initial)																	
В.	RICHARD E NEAL FOR CONGRE	ESS CO	OMMITTEE					Date o	f Dis	sburs	en	nent						
							_	M M	/	D				Y Y	Y			
	Mailing Address 76 MAGNOLIA TERRACE						01 17 2013											
	City SPRINGFIELD	State MA	Zip Code 01108					Trans	sact	ion II	D :	SB23.	4860	5				
	Purpose of Disbursement		-															
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		Primary	General															
	State: MA District: 01	Other (sp	ecify) 🔻															
_	Full Name (Last, First, Middle Initial)																	
C.	WENSTRUP FOR CONGRESS							Date o	f Dis	sburs	en	nent						
	Mailing Address 512 MISSOURI AVE						_	M M 01	/	D	17			013	Y			
								<u> </u>										
	City CINCINNATI	State OH	Zip Code 45226					Trans	sact	ion II) :	SB23.	4860	6				
	Purpose of Disbursement	011		-	_	-												
					_	_		Amoun	t of	Each	ιĽ	Disburs	emen	t this	Period			
	Candidate Name			Cat	ego ype			1000.00										
	Office Sought: X House Disburser	ment For:	2013		700					5	1	,						
	Senate	Primary	General															
	State: OH District: 02	Other (sp	Debt Retireme	nt														
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5	UBTOTAL of Disbursements This Page (optional)						•	L		7	i.			450	0.00			
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