Image# 14961649323 PAGE 1 / 19

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL PA	or Other Than An A	uthorized Committe	e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type	12FE4M5	
College of American Pa	athologists Political	Action Committee	e		
ADDRESS (number and street)	1350 I Street, NW				
Check if different	Suite 590				
than previously reported. (ACC)	Washington			DC _	20005
2. FEC IDENTIFICATION NU	MBER ▼	CITY A	;	STATE 🛦	ZIP CODE ▲
C C00274944	3.	IS THIS X N	EW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	A	pr 20 (M4) X J	ul 20 (M7)	Oct 2	Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1	(c) 12-Day	Primary (12P)	. Г	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRF-Election	H		Special (1	
October 15 Quarterly Report (Q3	3)		_		
January 31 Year-End Report (YE	E) Elec	etion on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	·	etion on	D = D /	Y	in the State of
5. Covering Period 06	01 2014		M M	30 /	2014
I certify that I have examined this	s Report and to the best	of my knowledge and b	elief it is tru	ie, correct and	complete.
Type or Print Name of Treasurer	Dr. Paula Pszypko				
Signature of Treasurer Dr. Pa	ula Pszypko	[Electronically	Filed]	Date 07	/ 17 / Y Y Y Y Y Y 2014
NOTE: Submission of false, errone	ous, or incomplete informa	tion may subject the pers	on signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

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: 06 01 2014 To: 06 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		476964.56
	(b) Cash on Hand at Beginning of Reporting Period	484412.54	
	(c) Total Receipts (from Line 19)	5800.00	86733.98
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	490212.54	563698.54
7.	Total Disbursements (from Line 31)	39585.90	113071.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	450626.64	450626.64
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 COLUMN A Total This Period						
tributions (other than loans) From:	Contributions (other than loans) From:						
Individuals/Persons Other							
Than Political Committees							
	4100.00	56151.00					
(1) 1101111200 (000 001100000 1 1)11111111111		7					
(ii) Unitemized	200.00	9662.45					
	4300.00	65813.45					
Political Party Committees	0.00	0.00					
Other Political Committees							
(such as PACs)	0.00	0.00					
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,					
	4300.00	65813.45					
y Committees	0.00	0.00					
oans Received	0.00	0.00					
n Renayments Received	0.00	0.00					
1 1		5.00					
·	0.00	19420.53					
		7 7					
	1500.00	1500.00					
	1000.00	7 7					
·	0.00	0.00					
. ,	0.00	0.00					
	0.00	0.00					
(Horri Gorioddio 110)	3	0.00					
	0.00	0.00					
Levin Funds (from Schedule H5)	0.00	0.00					
Total Transfers (odd 40/s) and 40/h)	0.00						
lotal fransfers (add 18(a) and 18(b))	0.00	0.00					
	(ii) Itemized (use Schedule A)	(ii) Itemized (use Schedule A)					

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			
Operating Expenditures:	iotai iiiis Feliou	Calellual Teal-10-Date			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	85.90	571.90			
(c) Total Operating Expenditures	55.00				
(add 21(a)(i), (a)(ii), and (b))▶	85.90	571.90			
Transfers to Affiliated/Other Party					
CommitteesContributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	39500.00	112500.00			
Independent Expenditures					
(use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00				
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loan nepayments wade		3.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
		0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(30011 do 1 AO3)	3.00				
(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			
(I) III I I I	200	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			
VIVI VIVIX-II					
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39585.90	113071.90			
Total Fadaval Dishamanana					
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
	39585.90	113071.90			
from Line 31)	39385.90	1130/1.90			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-	COLUMN A	COLUMN B
penditures	Total This Period	Calendar Year-to-Date
3. Total Contributions (other than loans)		
(from Line 11(d), page 3)	4300.00	65813.45
4. Total Contribution Refunds		
(from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)	4300.00	65813.45
6. Total Federal Operating Expenditures		
(add Line 21(a)(i) and Line 21(b))▶	85.90	571.90
7. Offsets to Operating Expenditures		
(from Line 15, page 3)	0.00	19420.53
8. Net Operating Expenditures	200	1001000
(subtract Line 37 from Line 36)	85.90	-18848.63

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

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

	R LINE			:	PAGE	6	OF	19
(ch	eck only	or or	ıe)					
×	11a		11b		11c	12		
	13		14		15	16		17

	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Thomas R Callihan MD Mailing Address Trumbull Lab/ Ste #200 7550 Wolf River Blvd City Germantown FEC ID number of contributing federal political committee. Name of Employer Pathology Group of the MidSouth Receipt For: Primary General Other (specify)	State Zip Code TN 38138 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Richard C. Friedberg MD,PhD Mailing Address Chairman Dept of Path 759 Chestnut St # C-1170 City Springfield FEC ID number of contributing federal political committee. Name of Employer Baystate Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code MA 01199-1001 C Occupation Pathologist Aggregate Year-to-Date ▼ 2600.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Bradden W Jensen MD Mailing Address Dept of Path PO Box 1600 City Vancouver FEC ID number of contributing federal political committee. Name of Employer Peacehealth SW Medical Center Receipt For: Primary General Other (specify)	State Zip Code WA 98668-1600 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	3600.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

19

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Richard Kenneth Yang MD, PhD, BS Date of Receipt Mailing Address 600 Highland Ave 2014 City Zip Code State Transaction ID: SA11AI.50586 WI Madison 53792-0001 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Univ of Wisconsin Hosp & Clinics Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 4100.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 19
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and Statements	may not be cold or used by says as	
or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
College of American Pathologists Politi	ical Action Committee	
Full Name (Last, First, Middle Initial)		
A. MATHESON FOR CONGRESS		Date of Receipt
Mailing Address P.O. BOX 636		06 01 2014 -
City State	Zip Code	Transaction ID : SA16.50634
ANNANDALE VA	22003	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C00344721	1500.00
Name of Employer Occupat	ion	Refund of Contribution to Campaign
Receipt For: 2014 Aggrega	ate Year-to-Date ▼	
Primary General	1500.00	1
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial)		
3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
Otto	7. 0.4.	_
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		7 thount of Each Fleedipt this Foriod
federal political committee.		
Name of Employer Occupat	ion	
Descire Form		
Receipt For: Primary General Aggrega	ate Year-to-Date ▼	
Other (specify)		
Cuici (opcony) V		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<u> </u>
Maining Addition		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.		
Name of Employer Occupat	ion	
Receipt For:	ata Vasu ta Data W	
Primary General Aggrega	ate Year-to-Date ▼	
Other (specify)		
SUBTOTAL of Receipts This Page (ontional)		1500.00

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

7 7

1500.00

SCHEDULE B (FEC Form 3X)	Llos congrete cabadula(a)	FOR LINE	PAGE 9 OF 1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28 28b	24 25 2 28c 29 3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) College of American Pathologists P	•		Solicit Continuations in	om such commuee.
Full Name (Last, First, Middle Initial) A. Sun Trust Bank			Date of Disbursem	ent
Mailing Address P.O. Box 85024			06 03	
Richmond	State Zip Code VA 23285		Transaction ID : \$	SB21B.50587
Purpose of Disbursement Jun-14 Moneris ACH Discount Candidate Name			Amount of Each Di	isbursement this Period
		Category/ Type		41.90
President	nent For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				
B. Sun Trust Bank			Date of Disburseme	
Mailing Address P.O. Box 85024			06 19	2014
,	State Zip Code VA 23285		Transaction ID:	SB21B.50588
Purpose of Disbursement Jun-14 Account Analysis Fee			Amount of Each Di	isbursement this Period
Candidate Name		Category/ Type		44.00
President	nent For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
C			Date of Disburseme	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		isbursement this Period
	nent For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				85.90
TOTAL This Period (last page this line number only).				85.90

Use separate schedule(s) for each category of the Detailed Summary Page Check only one 21b 22 28a 28b 28c 29 30b	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 19									
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contributions of or commercial purposes, other than using the name and address of any position formatible 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. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Zp Code REBOONT Purpose of Disbursement For: 2014 Primary General Coalegary' Type Transaction ID : \$823.50589 Amount of Each Disbursement bis Period Category' Type Transaction ID : \$823.50589 Amount of Each Disbursement Candidate Name City State: NE Disbursement Candidate Name City State: Ne Disbursement City State: Ne Disbursement Category' 1000.00 Disbursement Category' 1000.00 Transaction ID : \$823.50598 Amount of Each Disbursement Nis Period Category' 1000.00 State: FL J4688 Purpose of Disbursement Category' 1000.00 Disbursement Disbursement Disbursement For: 2014 Primary General Disbursement Disbursement Disbursement State: FL Disbursement Disbursement For: 2014 Primary General Disbursement Disbursement Disbursement State: FL Disbursement Disbursement	ITEMIZED DISBURSEMENTS		(check only	v one)								
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. NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Zo Code FREMONT NE 68025 Furpose of Disbursement Candidate Name Category/ Type Full Name (Last, First, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Ne District 00 Full Name (Last, First, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Ne District 00 Full Name (Last, First, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Ne District 00 Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Transaction ID : SB23.50611 Amount of Each Disbursement Inits Period Category/ Type Transaction ID : SB23.50611 Amount of Each Disbursement Inits Period Category/ Type Transaction ID : SB23.50611 Amount of Each Disbursement Category/ Type Transaction ID : SB23.50611 Amount of Each Disbursement Category/ Type Transaction ID : SB23.50698 Transaction ID : SB23.50698 Amount of Each Disbursement Category/ Type Transaction ID : SB23.50698 Amount of Each Disbursement Category/ Type Transaction ID : SB23.50698 Amount of Each Disbursement Category/ Type Transaction ID : SB23.50698 Amount of Each Disbursement Category/ Type Transaction ID : SB23.50698 Amount of Each Disbursement Inits Period Category/ Type Transaction ID : SB23.50698 Amount of Each Disbursement Transaction ID : SB23.50698 Amount of Each Disbursement Inits Period Category/ Type Transaction ID : SB23.50698 Transaction ID : SB23.50698 Amount of Each Disbursement Inits Period Category/ Type Transaction ID : SB23.50698												
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMINTEE (in Pull) College of American Pathologists Political Action Committee Full Name (Last, Frst, Middle Initial) A. BEN SASSE FOR US SENATE INC Mailing Address 106 EAST 6TH STREET City FREMONT NE B68025 Full Name Candidate Name Candidate Name Disbursement For: 2014 Frimary President State: NE Disfrict: 00 Full Name (Last, Frst, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City FREMONT Ne B8025 Full Name (Last, Frst, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City FREMONT NE B8025 Full Name (Last, Frst, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City Freedomt Ne B8025 Full Name (Last, Frst, Middle Initial) Candidate Name Candidate Name Disbursement Disburse	[
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. BEN SASSE FOR US SENATE INC Mailing Address 106 EAST 6TH STREET City State Zip Code FREMONT Purpose of Disbursement Candidate Name Office Sought: House President State: NE District: 00 Mailing Address 105 EAST 6TH STREET City Senate President State: NE District: 00 Office Sought: House Observement Cartegory' 1000.00 Date of Disbursement Inis Period Category' 1000.00 Date of Disbursement Inis Period Category' 1000.00 Transaction ID : \$823.50599 Amount of Each Disbursement Inis Period Date of Disbursement Office Sought: House President State: NE District: 00 City Senate President State: NE District: 00 City Senate President State: NE District: 00 City TARPON SPRINGS FL 34688 Purpose of Disbursement Candidate Name Category' Type Office Sought: House President State: NE District: 12 Date of Disbursement Inis Period Category' Type Office Sought: House President State: NE District: 12 State: NE District: 12 State: NE District: 12 Substorement Office Sought: Senate President State: NE District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: NE District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 2014 Category' Type Office Sought: Senate President State: FL District: 12 Substorement For: 201												
Full Name (Last, First, Middle Initial) A. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Zip Code RE 68025 Priprose of Disbursement Candidate Name Category/ Yppe Office Sought: House Disbursement For: 2014 B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State: NE District: 00 Full Name (Last, First, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State: NE Disbursement Candidate Name Category/ 1000.00 Transaction ID: SB23.50589 Amount of Each Disbursement this Period Category/ 1000.00 Transaction ID: SB23.50589 Transaction ID: SB23.50581 Amount of Each Disbursement ID: Category/ 1000.00 Office Sought: House Prisident Disbursement For: 2014 Full Name (Last, First, Middle Initial) C. BILIRAKIS FOR CONGRESS Mailing Address PD BOX 606 City State: NE District: 00 Category/ 1000.00 Office Sought: House Prisident State: Zip Code FL 34688 Purpose of Disbursement Candidate Name Category/ 1000.00 Transaction ID: SB23.50598 Amount of Each Disbursement ID: SB23.50598 Amount of Each Disbursement ID: SB23.50598 Transaction ID: SB23.50598 Amount of Each Disbursement ID: SB23.50598 Transaction ID: SB23.50598 Amount of Each Disbursement ID: SB23.50598 Transaction ID: SB23.50598 Tra	NAME OF COMMITTEE (In Full)											
A. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET		s Political Action Com	mittee									
Mailing Address 105 EAST 6TH STREET City												
Mailing Address 105 EAST 6TH STREET State	A. BEN SASSE FOR US SENATE	INC										
FREMONT Purpose of Disbursement Candidate Name Office Sought: State: NE Disbrister: Office Sought: State: NE Disbrister: Office Sought: Full Name (Last, First, Middle Initial) State: NE Disbrister: Office Sought: Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Date of Disbursement Date of Disbursement Transaction ID: SB23.50689 Amount of Each Disbursement this Period Date of Disbursement Date of Disbursement Transaction ID: SB23.50611 Amount of Each Disbursement Category/ Type Transaction ID: SB23.50611 Amount of Each Disbursement this Period Category/ Type District: Office Sought: District: Office Sought: State: District: Office Sought: District: Office Sought: Office Sough	Mailing Address 105 EAST 6TH STREET											
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Candidate Name Category/ Office Sought: House		NE 68025		Transaction ib . 3B23.30303								
Office Sought: House Senate President State: NE District: 00 Full Name (Last, First, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Zip Code NE 68025 Purpose of Disbursement Candidate Name Office Sought: House Primary General President Other (specify) Type Transaction ID : SB23.50611 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB23.50615 Amount of Each Disbursement this Period Date of Disbursement Disbursement this Period Transaction ID : SB23.50615 Amount of Each Disbursement this Period Date of Disbursement Disbursement this Period Transaction ID : SB23.50616 Transaction ID : SB23.50698 Transaction ID : SB23.50698 Transaction ID : SB23.50698 Date of Disbursement this Period Category/ Type Transaction ID : SB23.50698 Amount of Each Disbursement this Period Office Sought: President Other (specify) Type Transaction ID : SB23.50698	Purpose of Disbursement			Amount of Each Disbursement this Period								
Office Sought:	Candidate Name			1000.00								
State: NE District: 00 Full Name (Last, First, Middle Initial) B. BEN SASSE FOR US SENATE INC Mailing Address 105 EAST 6TH STREET City State Zip Code FREMONT NE 68025 President Purpose of Disbursement Candidate Name Candidate Name City Senate President Primary General Other (specify) ▼ State: NE District: 00 Full Name (Last, First, Middle Initial) C. BILIRAKIS FOR CONGRESS Mailing Address PO BOX 606 City State Zip Code FL 34688 Purpose of Disbursement Candidate Name Category/ TARPON SPRINGS FL 34688 Purpose of Disbursement Candidate Name Category/ TARPON SPRINGS FL 34688 Purpose of Disbursement Candidate Name Category/ TARPON SPRINGS FL 34688 Purpose of Disbursement Category/ Type Transaction ID : SB23.50598 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB23.50598 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB23.50598 Amount of Each Disbursement this Period Category/ Type Transaction ID : SB23.50598 Amount of Each Disbursement this Period Category/ Type Total Category/ Type Transaction ID : SB23.50598 Amount of Each Disbursement this Period Category/ Type Total Category/ Type Transaction ID : SB23.50598 Amount of Each Disbursement this Period Category/ Type Total Category/ T	Office Sought: House Disbu	rsement For: 2014	Турс	, , , , , , , , , , , , , , , , , , , ,								
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NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF JOE PITTS			Date of Disbursemen	
Mailing Address P.O. BOX 775			06 02	2014
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B. FRIENDS OF JOHN BARRASSO			Date of Disbursemen	t
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SUITE 1 City	State Zip Code			
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College of American Pathologists I	Political Action Comm	nittee	
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A. FRIENDS OF SCHUMER			Date of Disbursement
Mailing Address 192 LEXINGTON AVENUE			06 05 2014 _
SUITE 1001			
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C. GRAVES FOR CONGRESS			Date of Disbursement
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College of American Pathologists F	Political Action Com	mittee		
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A. JACKIE SPEIER FOR CONGRESS	5		Date of Disburser	
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B. MARKEY SENATE VICTORY			Date of Disbursemen	
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
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Any information copied from such Reports and Staten	ents may not be sold or use			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
College of American Pathologists F	Political Action Comm	nittee		
Full Name (Last, First, Middle Initial)			B	
A. NANCY PELOSI FOR CONGRESS	3		Date of Disbursement	YYYY
Mailing Address 700 13TH STREET, NW			06 05	2014
SUITE 600	7: 0 !			
City S WASHINGTON	State Zip Code DC 20005		Transaction ID : SB23.50	605
Purpose of Disbursement	20000			
			Amount of Each Disbursem	ent this Period
Candidate Name		Category/		1000.00
Office Cought.	ant Fam. 2047	Туре		1000.00
	nent For: 2014 Primary			
	Other (specify)			
State: CA District: 08	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. PALAZZO FOR CONGRESS			Date of Disbursement	
Mailing Address 42455 LHOLINAN 67 CLUTE D			06 05	2014
Mailing Address 13155 HIGHWAY 67 SUITE B			00 05	2014
	state Zip Code		Transaction ID : SB23.50	606
BILOXI Purpose of Disbursement	MS 39532			
F			Amount of Each Disbursem	ent this Period
Candidate Name		Category/		1500.00
		Туре		1500.00
	nent For: 2014			
	Primary ⊠ General Other (specify) ▼			
State: MS District: 04	(opoo)/ •			
Full Name (Last, First, Middle Initial)				
C. PORTMAN FOR SENATE COMMI	TTEE		Date of Disbursement	
Mailing Address 2050 ADOLIES LANE			06 05	2014
Mailing Address 9856 ARCHER LANE			00 00	2014
•	state Zip Code		Transaction ID : SB23.50	608
	OH 43017		11a115a011011 ID : 3D23.30	000
Purpose of Disbursement				
Candidate Name		0.1	Amount of Each Disbursem	ent this Period
		Category/ Type		2500.00
Office Sought: House Disbursen	nent For: 2014			
	Primary General			
	Other (specify) ▼			
State: OH District: 00				
SUBTOTAL of Disbursements This Page (optional)				5000.00
COSTOTAL OF DISDUISEMENTS THIS Page (Optional)		·····		
TOTAL This Period (last page this line number only)				

SC	HEDULE B (FEC Form 3X)	lla: -	anaka aaleeda (A	FOR LINE	NUMBER:		PAGE	18 (OF 19
ITE	MIZED DISBURSEMENTS		parate schedule(s) category of the	9 (sheak only one)		7.05			
			Summary Page	210	22 28a	23 28b	24 28c	25 29	26 30b
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	for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	College of American Pathologists F	Political	Action Com	mittee					
<u></u>	Full Name (Last, First, Middle Initial)								
A.	STEVE ISRAEL FOR CONGRESS	COM	JITTEE		Date of	Disbursen	nent		
	Mailing Address PO BOX 1400				06	30		2014	Y
	City	Ptoto	Zin Codo						
	City S MELVILLE	State NY	Zip Code 11747		Trans	action ID :	SB23.5063	0	
	Purpose of Disbursement								
					Amoun	of Each D	Disbursemer	nt this f	Period
	Candidate Name			Category/				1000	0.00
	Office Sought: X House Disbursen	nent For:	2014	Туре		1			
		Primary	X General						
		Other (spe	ecify) 🔻						
_	State: NY District: 03								
	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS				Date of	Disbursen	nent		
	OTTVEROTOR CONCRECC				M - M	/ D D) / Y	Y	Υ
	Mailing Address 4679 WINTERSET DRIVE				06	20		2014	
	,	State OH	Zip Code 43220		Trans	action ID :	SB23.5061	7	
	Purpose of Disbursement	J 11	43220						
					Amoun	of Each D	Disbursemer	nt this F	Period
	Candidate Name			Category/			-	1000	0.00
	Office Sought: Y House Disbursen	nent For:	2014	Туре		,	,		
		Primary	General						
		Other (spe							
	State: OH District: 15								
_	Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRE	200			Date of	Disbursen	nent		
٠.	VERN BOOHANAIN FOR CONGRE	_00			M M	/ D D		YY	Υ
	Mailing Address P.O. BOX 48928				06	05		2014	
	City	State	Zip Code		Trans	action ID :	SB23.5060	19	
	SARASOTA Purpose of Disbursement	FL	34230		iiaiis	action ID .	JD23.3000		
	Purpose of Disbursement				Amoun	of Each F)isbursemer	at thin [Dariad
	Candidate Name			Category/	Amoun	OI Each L	nsbursemer		
				Type				1000	0.00
		nent For:							
		Primary Other (spe	General						
	State: FL District: 13	CC. (Op.	y						
	1								
SI	JBTOTAL of Disbursements This Page (optional)			·····				3000	.00
	OTAL This Pariod (last page this line number and								
ι ''	OTAL This Period (last page this line number only)	• • • • • • • • • • • • • • • • • • • •				-			

TEMIZED DISBURSEMENTS	1	FOR LINE I	NUMBER: PAGE 19 OF 19
	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30l
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NAME OF COMMITTEE (In Full)			
College of American Pathologists F	Political Action Comr	mittee	
Full Name (Last, First, Middle Initial)			Data of Dishuranmant
VOICE FOR FREEDOM			Date of Disbursement
Mailing Address 2700 CUMBERLAND PARKWAY			06 05 2014
SUITE 150 City	State Zip Code		
ATLANTA	GA 30339		Transaction ID : SB23.50610
Purpose of Disbursement			
Condidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disburser	ment For: 2014	туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:	OTHER		
Full Name (Last, First, Middle Initial)			Date of Disbursement
3. YODER FOR CONGRESS, INC			Make of dispursement
Mailing Address PO BOX 26742			06 02 2014
OVERLAND PARK	State Zip Code KS 66225		Transaction ID : SB23.50596
Purpose of Disbursement			Amount of Each Disbursement this Period
		1 1 1	
Candidate Name		Category/	
		Category/ Type	1000.00
Office Sought: House Disburser	ment For: 2014		1000.00
Office Sought: House Disburser Senate	Primary General		1000.00
Office Sought: House Disburser			1000.00
Office Sought: House Disburser	Primary General		
Office Sought: House Disburser	Primary General		Date of Disbursement
Office Sought: House Disburser	Primary General		
Office Sought: House Senate President State: KS District: 03	Primary General		Date of Disbursement
Office Sought: House Senate President State: KS District: 03	Primary General Other (specify) ▼		Date of Disbursement
Office Sought: House Senate President State: KS District: 03	Primary General Other (specify) ▼		Date of Disbursement
Office Sought: House Senate President State: KS District: 03	Primary General Other (specify) ▼	Type Category/	Date of Disbursement
Office Sought: House Senate President State: KS District: 03 Full Name (Last, First, Middle Initial) Mailing Address City Senate President Candidate Name President Candidate Name	Primary General Other (specify) ▼	Type	Date of Disbursement
Office Sought: House Senate President State: KS District: 03	Other (specify) State Zip Code ment For: Primary General	Type Category/	Date of Disbursement
Office Sought: House Senate President State: KS District: 03	Primary General Other (specify) ▼ State Zip Code ment For:	Type Category/	Date of Disbursement
Office Sought: House Senate President State: KS District: 03	Other (specify) State Zip Code ment For: Primary General	Type Category/	Date of Disbursement
Office Sought:	Other (specify) State Zip Code ment For: Primary General Other (specify) General	Type Category/ Type	Date of Disbursement
Office Sought: House Senate President State: KS District: 03	Other (specify) State Zip Code ment For: Primary General Other (specify) General	Type Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Amount of Each Disbursement this Period