Image# 14940188392				PAGE 1 / 25
	ND DISBURSE	MENTS		
1. NAME OF TYP	E OR PRINT V F	xample: If typing type		se Only
COMMITTEE (in full)			12FE4M5	
FEC FORM 3X REPORT OF RECEIPTS AD DISBURSEMENTS For Other Than An Authorized Committee NAME OF COMMITTEE (in full) TYPE OR PRINT * Example: if typing, type Over the lines. 12 FE4 M5 College of American Pathologists Political Action Committee 1350 Street, NW 12 FE4 M5 . College of American Pathologists Political Action Committee Check if different transpreviously State 580 Check if different transpreviously C 00274944 C 00274944 .				
ADDRESS (number and street)	350 I Street, NW			
	uite 590			
	Vashington		DC 20005	
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00274944		V		
(Choose One)	Report Due On:			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (N	4) Jul 20 (M7)	Oct 20 (M10)	X Jan 31 (YE)
July 15		Primary (12P)	General (12G)	Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)	
	Election on	M = M / D = D /	Y Y Y Y	
Report (Non-election	POST-Election	General (30G)	Runoff (30R)	Special (30S)
		M = M / D = D /	Y = Y = Y = Y	
I certify that I have examined this Re	eport and to the best of my k	nowledge and belief it is tru	ue, correct and comple	te.
Type or Print Name of Treasurer	r. Renee R. Ellerbroek			
Signature of Treasurer	R. Ellerbroek	[Electronically Filed]		
NOTE: Submission of false, erroneous	, or incomplete information may	subject the person signing th	nis Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X

01/30/2014 15 : 46

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: 12	/ D D / Y Y Y Y 01 2013 To	12 / D D / Y Y Y Y 12 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	490792.49	
	(c) Total Receipts (from Line 19)	21285.00	247910.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	512077.49	698605.89
7.	Total Disbursements (from Line 31)	35112.93	221641.33
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	476964.56	476964.56
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

DI	ETAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
College of American Pathologists Po	plitical Action Committee	
Report Covering the Period: From: 12	/ D / Y	12 31 Y Y Y Y Y 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)	15340.00	198309.00
(i) iternized (use Schedule A)		
(ii) Unitemized	5945.00	46819.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	21285.00	245128.00
	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 Contributions (add Lines		7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	21285.00	245128.00
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
10 All Loope Dessived	0.00	0.00
13. All Loans Received		
14 Lean Demounder Described	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(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	2782.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	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
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	21285.00	247910.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	21285.00	247910.00

Image# 14940188394

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev	<i>v</i> . 02/2003)				Page 4
II. Disburse	ments	COLUM Total This		COLU Calendar Y	
. Operating Expenditures (a) Allocated Federal/N Activity (from Sche	Ion-Federal	TOTAL THIS	renou	Calendar Y	ear-to-Date
•		7 7	0.00		0.00
(ii) Non-Federal S	hare		0.00		0.00
(b) Other Federal Ope					
(c) Total Operating Expenditures		7 7	92.40	7	1120.80
(add 21(a)(i), (a)(ii)	, and (b))▶	7 7	92.40		1120.80
Transfers to Affiliated/O Committees			0.00		0.00
Contributions to			0.00		
Federal Candidates/Cor and Other Political Com			15600.00		203600.00
Independent Expenditur (use Schedule E)			0.00		0.00
(use Schedule E) Coordinated Party Expe (2 U.S.C. §441a(d)) (use Schedule F)			0.00		0.00
(use soneuule r)					
Loan Repayments Made	ə		0.00		0.00
Loans Made			0.00		0.00
Refunds of Contribution (a) Individuals/Persons Than Political Com	Other		0.00		0.00
			0.00		-5000.00
(b) Political Party Com(c) Other Political Com			0.00		-3000.00
(such as PACs)	L	7 7	0.00		0.00
(d) Total Contribution F			0.00		
(add Lines 28(a), (b), and (c))▶		0.00		-5000.00
Other Disbursements			19420.53		21920.53
Federal Election Activity (a) Allocated Federal E	Election Activity				
(from Schedule H6 (i) Federal Share			0.00		0.00
(ii) "Levin" Share			0.00		0.00
(b) Federal Election Ad With Federal F	ctivity Paid Entirely		0.00		0.00
(c) Total Federal Elect	ion Activity (add a)(ii) and 30(b))►		0.00		0.00
		7 7		7	7
Total Disbursements (ad 23, 24, 25, 26, 27, 28(d			35112.93		221641.33
Total Federal Disbursen	nents				
(subtract Line 21(a)(ii) a					
from Line 31)	▶		35112.93		221641.33

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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) 	21285.00	245128.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	-5000.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	21285.00	250128.00
add Line 21(a)(i) and Line 21(b))	92.40	1120.80
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	92.40	1120.80

:97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F + H9 A = N5 H= C B

Form/Schedule: F3XN Transaction ID :

January 15, 2014

December'13 FEC Report Notes:

In the process of implementing new accounting procedures, a disbursement in the amount of \$19,420.53 was mistankenly made from PathPAC checking to the College of American Pathologists (CAP) checking. The purpose of the check was to reimburse the CAP for expenses normally accounted to the Political Education Fund (PEF). The error will be corrected and noted on the January FEC report. A check will be issued from CAP back to PathPAC to correct this error.

Form/Schedule: Transaction ID:

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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			Use separate schedule(s)	(che	eck only	/ one	e)				
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	Г	17
	y information copied from such Reports and for commercial purposes, other than using th					purpo					
	NAME OF COMMITTEE (In Full)										
	College of American Pathologie	sts Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Ronald G Bardawil MD				Date of	Rec	eipt				
	Mailing Address Dept of Path 275 Sandwich St				^M M 12	/	D D D 26	/ Y	2013]
	City Plymouth	State MA	Zip Code 02360-2183					SA11AI. eceipt th		bd	_
	FEC ID number of contributing federal political committee.	C				,			10	00.00	D
	Name of Employer Jordan Hosp	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 349.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Margaret A. Batt MD	I			Date of	Rec	eipt				
	Mailing Address 9352 Park West Blvd				^M ^M 12	/	D D D 04	/ Y	2013	Y]
	City Knoxville	State TN	Zip Code 37923-4322					SA11AI. eceipt th		bd	
	FEC ID number of contributing federal political committee.	C				. ,	,		50	00.00)
	Name of Employer Parkwest Med Ctr	Occupation Pathologist									
	Receipt For:		Year-to-Date ▼								
	Other (specify) ▼		500.00								
	Full Name (Last, First, Middle Initial) Dr Robert M Bradley MD	I			Date of	Rec	eipt				
	Mailing Address 1211 Union Ave Ste 300				м м 12	/	D D 01	/ Y	y y 2013	Y	1
	City Memphis	State TN	Zip Code 38104-6655					SA11AI. eceipt th		od	_
	FEC ID number of contributing federal political committee.	C						7		40.0	D
	Name of Employer	Occupation									
	Duckworth Pathology Group Inc	Pathologist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1							
	Other (specify)	L	240.00	4							
s	UBTOTAL of Receipts This Page (optional)			•					84	10.00	
Т	OTAL This Period (last page this line number	only)			L.			- 7			

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PAGE 8 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
College of American Pathologist	s Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Diana Marcella Cardona MD		Date of Receipt
Mailing Address 1144 Pebble Creek Xing		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	12 20 2013 Transaction ID : SA11AI.50187
Durham	NC 27713-8959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	_
Duke University Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
Full Name (Last, First, Middle Initial) B. Dr Thomas J Casey MD		Date of Receipt
Mailing Address 14215 Vistawood		M M / D D / Y Y Y Y
		12 01 2013
City San Antonio	State Zip Code TX 78249-1882	Transaction ID : SA11AI.50100
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	140.00
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial)		
C. Dr. Phillip L Day MD Mailing Address Dept of Path 2201 S Clear Creek Rd		Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.50188
Killeen	TX 76549-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Metroplex Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number of	inly)	

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13	\vdash	11b 14	11c	12	г	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the	purp	ose of	soliciting	g contri	butio	ns
	NAME OF COMMITTEE (In Full)										
	College of American Pathologis	sts Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Edward Joseph Garcia MD				Date of	Rec	ceipt				
	Mailing Address Attn Dr ED Garcia Micropath Labs				м м 12	/	02	/ Y	2013		1
	City Lakeland	State FL	Zip Code 33801-5852					SA11AI.		od	
	FEC ID number of contributing federal political committee.	C								600.0	0
	Name of Employer Micro Path Laboratory Inc	Occupation Pathologist									
	Receipt For:	-	Year-to-Date ▼	_							
	Primary General	Aggregate		11							
	Other (specify)		500.00	4							
в.	Full Name (Last, First, Middle Initial) Dr. Daniel W Garland MD				Date of	Rec	ceipt				
	Mailing Address Dept of Path 2800 Godwin Blvd				M M	/	18	/ Y	2013		1
	City	State	Zip Code		Trans	actic	on ID :	SA11AI.	50184		
	Suffolk	VA	23434-8038	_	Amount	of E	Each R	eceipt th	nis Peri	od	
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	Name of Employer Sentara Obici Hospital	Occupation Pathologist									
	Receipt For:	-	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Eric F Glassy MD				Date of	Rec	ceipt				
	Mailing Address 19951 Mariner Ave Ste 150				м м 12	/	03	/ Y	2013		1
	City	State	Zip Code		Trans	actio	on ID :	SA11AI	.50113		
	Torrance	CA	90503-1738	_	Amount	of E	Each R	eceipt th	nis Peri	od	
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	Name of Employer	Occupation									
	Affiliated Path Med Grp	Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
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PAGE 10 OF

			Detailed Summary Page		< 11a 13		11b	11c		12 16		17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		rpose o	of solicitin		ontribut	ions	17
	NAME OF COMMITTEE (In Full) College of American Pathologis						buttorio					
	Full Name (Last, First, Middle Initial)											
Α.	Dr. Gary A Gochman MD Mailing Address Lab				Date c	of R						
	9333 E Imperial Hwy				12	1	26			013	Y	
	City	State	Zip Code		Tran	sac	tion ID	: SA11A	.502	:01		
	Downey	CA	90242-2812		Amour	nt o	f Each	Receipt t	his F	[•] eriod		_
	FEC ID number of contributing federal political committee.	С			L		7		_	150.	00	
	Name of Employer	Occupation										
	Kaiser Downey Medical Center Receipt For:	Pathologist										
	Primary General	Aggregate	Year-to-Date ▼	- 1								
	Other (specify)		400.00	4								
в.	Full Name (Last, First, Middle Initial) Dr. Kenneth F Grant MD				Date c	of R	eceipt					
	Mailing Address Dept of Path Taylor at Marion				12		/ 0		2(у 013	Y	
	City	State	Zip Code					: SA11AI			_	
		SC	29220		Amour	nt o	f Each	Receipt t	his F	² eriod		
	FEC ID number of contributing federal political committee.	С			L		7		_	200.	00	
	Name of Employer Palmetto HIth Baptist	Occupation Pathologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		400.00									
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Vito M Gulli MD				Date c	of R	eceipt					
	Mailing Address Dept of Path 1 Robert Wood Johnson Pl				M N 12		/ 22			013	Y	
	City New Brunswick	State NJ	Zip Code 08901-1928					: SA11A				
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	federal political committee.	С			L.		7		_	1000.	00	4
	Name of Employer	Occupation										
	UMDNJ Robert Wood Johnson Med School	Pathologist										
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Other (specify)		1000.00	4								
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PAGE 11 OF

			Detailed Summary Page		11a		11b 14	11		12 16	17
	y information copied from such Reports and s for commercial purposes, other than using the				for the		pose of	f solic	iting c	ontribu	tions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologis										
Α.	Full Name (Last, First, Middle Initial) Dr. Mary Frances Hahn MD Mailing Address 350 W Thomas Rd City Phoenix FEC ID number of contributing	State AZ	Zip Code 85013-4496		Date of 12 Trans Amount	/ acti	05 ion ID :	: SA11	1AI.50		_
	federal political committee. Name of Employer St Josephs Hosp and Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist	Year-to-Date ▼ 500.00				3		y		
в.	Full Name (Last, First, Middle Initial) Dr. Richard E Halbert II MD Mailing Address PO Box 337418 City Greeley FEC ID number of contributing	State CO	Zip Code 80633-0624		Date of 12 Trans Amount	/ acti	23	SA11	I AI.50 ⁻		Ŷ
	federal political committee. Name of Employer St Mary's Hospital Receipt For: Primary General Other (specify) ▼	C Occupation Pathologist Aggregate	Year-to-Date ▼ 450.00				3	/	y	300	.00
C.	Full Name (Last, First, Middle Initial) Dr. Randall C Hastedt MD Mailing Address 8144 Linden Leaf Cir City	State	Zip Code		Date of	/	27	·	2	y y 2013	Y
	Columbus FEC ID number of contributing federal political committee. Name of Employer Mount Carmel St. Ann's Hosp Receipt For: □ Primary □ General Other (specify) ▼	OH C Occupation Pathologist	43235-4617		Amount		ion ID : Each F			Period	0.00
	UBTOTAL of Receipts This Page (optional)			•			7		y	1300	.00

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c		Г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		ose of	soliciting	g contr	ributic	ons
$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	s Politica	I Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Bharati Suketu Jhaveri MD				Date of	Re	ceipt				
	Mailing Address 1312 Woods Farm Ln				M M	/	26	/ Y	201		7
	City Springfield	State IL	Zip Code 62704-6545				on ID :	SA11AI. eceipt th	50197	,	-
	FEC ID number of contributing federal political committee.	С					,	7	1	000.0	0
	Name of Employer St John's Hospital	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00								
B.	Full Name (Last, First, Middle Initial) Dr. Walter Martin Klein MD				Date of	Re	ceipt				
	Mailing Address Dept of Path 130 S Bryn Mawr Ave	Otata	Zin Oode		^M M	/	05	/ Y	2013	3	
	City Bryn Mawr	PA	2ip Code 19010-3121				-	SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С					,			250.0	0
	Name of Employer Bryn Mawr Hospital	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
— C.	Full Name (Last, First, Middle Initial) Dr. Ronald B Lepoff MD				Date of	Re	ceipt				
	Mailing Address Clin Lab/MSC A022/Rm LB292 12401 E 17th Ave	2			м м 12	/	D D 27	/ Y	2013		
	City Aurora	State CO	Zip Code 80045-2548					SA11AI. eceipt th			
	FEC ID number of contributing federal political committee.	С					,	,		500.0	0
	Name of Employer	Occupation									
	Univ of Colorado Hosp Receipt For:	Pathologist		_							
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1100.00								
				► -			y		17	750.00	0
l '	inio i onou (nuor pugo uno number (harati Suketu Jhaveri MD Address 1312 Woods Farm Ln ield IL 62704-6545 number of contributing political committee. 64 Employer 75 Employer 76 Employer 76 Employer 76 Employer 76 Employer 76 Employer 77 General ther (specify) ▼ 78 Hospital 79 Pathologist 70 Pathologist 71 Pathologist 72 Pathologist 72 Pathologist 73 Pathologist 74 Pathologist 75 Pathologist 76 Pathologist 77 Pathologist 78 Pathologist 79 Pathologist 70 Pathologist <t< td=""><td></td><td>7</td><td></td><td>1</td><td></td><td>- 1</td></t<>					7		1		- 1

Use separate schedule(s)

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	EMIZED RECEIPTS	Detailed Summary Page X11a 11b 11c 12 17 such Reports and Statements may not be sold or used by any person for the purpose of soliding contributions from such committee. In Fully can Pathologists Political Action Committee and the name and address of any political committee to solid contributions from such committee. In Fully can Pathologists Political Action Committee dide Initial) IMD inf Q 2013 inf Q 2014 inf Q 2013 inf Q 2013 inf Q 2014 inf Q 2013										
٨٣	w information conied from such Poports and P	Detailed Summary Page 110<										
\backslash	NAME OF COMMITTEE (In Full)	_										
$\Big\rangle$	College of American Pathologist	ts Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr. Edwin Leschhorn MD				Date o	f Re	eceipt					
	Mailing Address Dept of Path					/			/ Y			Υ
	1 Riverview Plz	State	Zin Code	_				-				
	Red Bank											
	FEC ID number of contributing federal political committee.	С					7					.00
	Name of Employer	Occupation	I									
	Riverview Medical Center Laboratory	Pathologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1000.00									
в.	Full Name (Last, First, Middle Initial) Dr. Daniel David Mais MD				Date o	f Re	eceipt					
	Mailing Address 219 Lamont Ave					/			/ Y			Y
	City		Zip Code		Trans	sacti	ion IE):	SA11AI.	5018	32	
	San Antonio	TX	78209-3753		Amoun	t of	Each	ו R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7		- 7		1000	.00
	Name of Employer unaffiliated	· ·										
	Receipt For: Primary General Other (specify) ▼	Aggregate										
с.	Full Name (Last, First, Middle Initial) Dr. Adalberto Mendoza MD				Date o	f Re	eceipt					
	Mailing Address 234 Streeta Sabaneta Industri	al Pa				/			/ Y			Y
	City				Trans	sact	ion II	D :	SA11AI	.501	58	
	Ponce	PK	00716	·	Amoun	t of	Each	ו R	eceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7		- 7		250	0.00
	Name of Employer	Occupation	1	_								
	Molecular Med Corp	Pathologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
				•			7		7		2250	.00

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Α.	Full Name (Last, First, Middle Initial) D. John Milam Dr. Mailing Address Dept of Path & Lab Med MSB 2 6431 Fannin St		Zie Oode		M M	Receipt		2013	Y
	City Houston	State TX	Zip Code 77030-1501			action ID : of Each F			nd
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В.	Dr. Steven A. Mudrovich MD Mailing Address Dept of Path 1400 8th Ave City	State	Zip Code		M M 12	Receipt 29 action ID :		2013 50214	Ŷ
	Fort Worth	ТΧ	76104-4110			of Each F			od
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C.	Full Name (Last, First, Middle Initial) Dr Thomas S Namiki MD				Date of	Receipt			
	Mailing Address Dept of Path 1301 Punchbowl St City	State	Zip Code		12	/ 01		2013	Y
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B.	Full Name (Last, First, Middle Initial) Dr. Patricia R Romano MD				Date of	f Re	eceipt				
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C.	Full Name (Last, First, Middle Initial) Dr. John W Skinner MD				Date of	f Re	eceipt				
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Full Name (Last, First, Middle Initial) C. Dr Charles D Sturgis MD				Date of	f Re	eceipt				
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с.	Full Name (Last, First, Middle Initial) Dr Michael J Waldron MD				Date of	Re	eceipt			
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Α.	Full Name (Last, First, Middle Initial) Dr. R. Bruce Williams MD Mailing Address 2915 Missouri Ave			Date of Receipt
	City Shreveport	State LA	Zip Code 71109-4327	12 26 2013 Transaction ID : SA11AI.50207 Amount of Each Receipt this Period
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	Name of Employer Park Nicollet Methodist Hospital Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Rebecca F Yorke MD Mailing Address 2504 Elmen St			Date of Receipt
	City Houston FEC ID number of contributing	State TX	Zip Code 77019-6712	12 29 2013 Transaction ID : SA11AI.50216 Amount of Each Receipt this Period
	federal political committee. Name of Employer Cypress Fairbanks Med Ctr	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
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$ \rangle$	College of American Pathologists F	Political Action Com	nitte	e									
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	TOM REED FOR CONGRESS						Date o	f Dis	sburse	ement			
	Mailing Address PO BOX 450						^M M 12	/	D 0			2013	Y
	City	State Zip Code					Trans	acti	on ID	: SB23	5022	27	
	VICTOR	NY 14564					Trans	sacti	on ID	: 3023	.5023	<i></i>	
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s	CUBTOTAL of Disbursements This Page (optional)						L.		7			1000	0.00
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SCHEDULE B (FEC Form 3X)		FOF	R L	INE N	JMBER	:		PA	GE 25	OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(che		only o 21b	ne) 22		23	24	25	26
	Detailed Summary Page			210	22 28a	-	23 28b	24 28c	× 29	30b
Any information copied from such Reports and State or for commercial purposes, other than using the na									ng contrib	
NAME OF COMMITTEE (In Full)										
College of American Pathologists	Political Action Comm	hittee	9							
Full Name (Last, First, Middle Initial) A. College of American Pathologists					Date o	of Dis	sburse	ement		
Mailing Address 325 Waukegan Road					M M	/	D 3	D /	2013	Y
City Northfield	State Zip Code IL 60093				Trans	sacti	ion ID	: SB29.5	0227	
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SUBTOTAL of Disbursements This Page (optional).					Ľ		,	7	1942	0.53
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