

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 12 / 01 / 2013 through 12 / 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 01 / 30 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2013"/>  |                         | 450695.89                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 490792.49               |                                   |
| (c) Total Receipts (from Line 19) .....  | 21285.00                | 247910.00                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>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<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 476964.56               | 476964.56                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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**

Report Covering the Period: From: M M / D D / Y Y Y Y 12 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>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                         |
| (ii) Unitemized .....   | 5945.00                       | 46819.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶   | 21285.00                      | 245128.00                         |
| (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) .....  | 21285.00                      | 245128.00                         |
| 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                          | 2782.00                           |
| 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))..... ▶                        | 21285.00                      | 247910.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 21285.00                      | 247910.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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                         | 1120.80                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 92.40                         | 1120.80                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 15600.00                      | 203600.00                         |
| 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                          | -5000.00                          |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | -5000.00                          |
| 29. Other Disbursements .....  | 19420.53                      | 21920.53                          |
| 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)) ..      | 35112.93                      | 221641.33                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 35112.93                      | 221641.33                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 21285.00                      | 245128.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | -5000.00                          |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 21285.00                      | 250128.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 92.40                         | 1120.80                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 92.40                         | 1120.80                           |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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 mistakenly 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:

**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 25                 |
|   | <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 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 ▼  
349.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11AI.50200**

Amount of Each Receipt this Period  
100.00

**B. Dr. Margaret A. Batt MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 9352 Park West Blvd

City Knoxville State TN Zip Code 37923-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer Parkwest Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 04 / 2013  
**Transaction ID : SA11AI.50120**

Amount of Each Receipt this Period  
500.00

**C. Dr Robert M Bradley MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 1211 Union Ave Ste 300

City Memphis State TN Zip Code 38104-6655

FEC ID number of contributing federal political committee. **C**

Name of Employer Duckworth Pathology Group Inc Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 01 / 2013  
**Transaction ID : SA11AI.50101**

Amount of Each Receipt this Period  
240.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 840.00 |
| <b>TOTAL</b> 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 8 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Diana Marcella Cardona MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1144 Pebble Creek Xing  
 City State Zip Code  
 Durham NC 27713-8959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Duke University Medical Center Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2013  
**Transaction ID : SA11AI.50187**  
 Amount of Each Receipt this Period  
 60.00

**B. Dr Thomas J Casey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14215 Vistawood  
 City State Zip Code  
 San Antonio TX 78249-1882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southwest Texas Methodist Hosp Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2013  
**Transaction ID : SA11AI.50100**  
 Amount of Each Receipt this Period  
 140.00

**C. Dr. Phillip L Day MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 2201 S Clear Creek Rd  
 City State Zip Code  
 Killeen TX 76549-4110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Metroplex Hospital 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  
 12 / 20 / 2013  
**Transaction ID : SA11AI.50188**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Edward Joseph Garcia MD**

Mailing Address Attn Dr ED Garcia  
 Micropath Labs

City Lakeland State FL Zip Code 33801-5852

FEC ID number of contributing federal political committee. **C**

Name of Employer Micro Path Laboratory Inc Occupation Pathologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 12 / 02 / 2013  
**Transaction ID : SA11AI.50110**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Daniel W Garland MD**

Mailing Address Dept of Path  
 2800 Godwin Blvd

City Suffolk State VA Zip Code 23434-8038

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Obici Hospital Occupation Pathologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 12 / 18 / 2013  
**Transaction ID : SA11AI.50184**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Dr Eric F Glassy MD**

Mailing Address 19951 Mariner Ave Ste 150

City Torrance State CA Zip Code 90503-1738

FEC ID number of contributing federal political committee. **C**

Name of Employer Affiliated Path Med Grp Occupation Pathologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 12 / 03 / 2013  
**Transaction ID : SA11AI.50113**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 25                |
|   | <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. Gary A Gochman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Lab  
9333 E Imperial Hwy  
City Downey State CA Zip Code 90242-2812

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Downey Medical Center Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
12 / 26 / 2013  
Transaction ID : SA11AI.50201

Amount of Each Receipt this Period  
150.00

**B. Dr. Kenneth F Grant MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
Taylor at Marion  
City Columbia State SC Zip Code 29220

FEC ID number of contributing federal political committee. **C**

Name of Employer Palmetto Hlth Baptist Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
12 / 05 / 2013  
Transaction ID : SA11AI.50123

Amount of Each Receipt this Period  
200.00

**C. Dr. Vito M Gulli MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
1 Robert Wood Johnson Pl  
City New Brunswick State NJ Zip Code 08901-1928

FEC ID number of contributing federal political committee. **C**

Name of Employer UMDNJ Robert Wood Johnson Med School Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 22 / 2013  
Transaction ID : SA11AI.50191

Amount of Each Receipt this Period  
1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1350.00 |
| <b>TOTAL</b> 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 25                |
|   | <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. Mary Frances Hahn MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 W Thomas Rd

City Phoenix State AZ Zip Code 85013-4496

FEC ID number of contributing federal political committee. **C**

Name of Employer St Josephs Hosp and Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 05 / 2013  
**Transaction ID : SA11AI.50128**

Amount of Each Receipt this Period 500.00

**B. Dr. Richard E Halbert II MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 337418

City Greeley State CO Zip Code 80633-0624

FEC ID number of contributing federal political committee. **C**

Name of Employer St Mary's Hospital Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : SA11AI.50194**

Amount of Each Receipt this Period 300.00

**C. Dr. Randall C Hastedt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8144 Linden Leaf Cir

City Columbus State OH Zip Code 43235-4617

FEC ID number of contributing federal political committee. **C**

Name of Employer Mount Carmel St. Ann's Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 27 / 2013  
**Transaction ID : SA11AI.50208**

Amount of Each Receipt this Period 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1300.00 |
| <b>TOTAL</b> 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 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. 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 ▼ 2000.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11AI.50197**  
 Amount of Each Receipt this Period 1000.00

**B. Dr. Walter Martin Klein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 130 S Bryn Mawr Ave  
 City Bryn Mawr State PA Zip Code 19010-3121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bryn Mawr Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2013  
**Transaction ID : SA11AI.50124**  
 Amount of Each Receipt this Period 250.00

**C. Dr. Ronald B Lepoff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Clin Lab/MSC A022/Rm LB292 12401 E 17th Ave  
 City Aurora State CO Zip Code 80045-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Colorado Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 27 / 2013  
**Transaction ID : SA11AI.50212**  
 Amount of Each Receipt this Period 500.00

**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: PAGE 13 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. Edwin Leschhorn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1 Riverview Plz  
 City State Zip Code  
 Red Bank NJ 07701-1864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Riverview Medical Center Laboratory 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  
 12 / 02 / 2013  
**Transaction ID : SA11AI.50107**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Daniel David Mais MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 Lamont Ave  
 City State Zip Code  
 San Antonio TX 78209-3753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 unaffiliated Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2013  
**Transaction ID : SA11AI.50182**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Adalberto Mendoza MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 Streeta Sabaneta Industrial Pa  
 City State Zip Code  
 Ponce PR 00716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Molecular Med Corp 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  
 12 / 13 / 2013  
**Transaction ID : SA11AI.50158**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 14 OF 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. D. John Milam Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path & Lab Med MSB 2.022  
 6431 Fannin St  
 City Houston State TX Zip Code 77030-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas-Houston Medical Sc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2013  
**Transaction ID : SA11AI.50125**  
 Amount of Each Receipt this Period  
**250.00**

**B. 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 **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2013  
**Transaction ID : SA11AI.50214**  
 Amount of Each Receipt this Period  
**100.00**

**C. 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 **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2013  
**Transaction ID : SA11AI.50099**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**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 15 OF 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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 Linda H Riley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 138th Ave NW  
 City State Zip Code  
 Andover MN 55304-6728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United Hospital 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  
 12 / 04 / 2013  
**Transaction ID : SA11AI.50117**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Patricia R Romano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Brooklyn Navy Yard  
 63 Flushing Ave Unit 292  
 City State Zip Code  
 Brooklyn NY 11205-1079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Shiel Medical Laboratory Pathologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : SA11AI.50122**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. John W Skinner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Woodlands Dr  
 City State Zip Code  
 Falmouth ME 04105-1191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 unaffiliated Pathologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2013  
**Transaction ID : SA11AI.50129**  
 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 16 OF 25                |
|   | <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**

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Dr. V. O. Speights Jr DO</b> |                          | Date of Receipt                               |
| Mailing Address Dept of Path MS-01-266<br>2401 S 31st St                      |                          | M M M / D D D / Y Y Y Y Y Y<br>12 / 07 / 2013 |
| City  | State                    | Zip Code                                      |
| Temple  | TX                       | 76508-0001                                    |
| FEC ID number of contributing federal political committee.                    |                          | Transaction ID : <b>SA11AI.50136</b>          |
| C   |                          | Amount of Each Receipt this Period            |
|   |                          | 500.00  |
| Name of Employer  | Occupation               |   |
| Scott and White Memorial Hospital   | Pathologist              |   |
| Receipt For:  | Aggregate Year-to-Date ▼ |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General             |                          |   |
| <input type="checkbox"/> Other (specify) ▼                                    | 750.00                   |   |

|  |                          |   |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. James H Spigel MD</b> |                          | Date of Receipt                               |
| Mailing Address Dept of Path<br>1100 Central Ave SE                        |                          | M M M / D D D / Y Y Y Y Y Y<br>12 / 16 / 2013 |
| City   | State                    | Zip Code                                      |
| Albuquerque  | NM                       | 87106-4930                                    |
| FEC ID number of contributing federal political committee.                 |                          | Transaction ID : <b>SA11AI.50170</b>          |
| C  |                          | Amount of Each Receipt this Period            |
|  |                          | 300.00  |
| Name of Employer   | Occupation               |   |
| Presbyterian Hosp Womens Program Admin                                     | Pathologist              |   |
| Receipt For:   | Aggregate Year-to-Date ▼ |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General          |                          |   |
| <input type="checkbox"/> Other (specify) ▼                                 | 300.00                   |   |

|  |                          |   |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Dr Charles D Sturgis MD</b> |                          | Date of Receipt                               |
| Mailing Address 12528 3rd Ave NE   |                          | M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2013 |
| City   | State                    | Zip Code                                      |
| Marysville   | WA                       | 98271-6764                                    |
| FEC ID number of contributing federal political committee.                   |                          | Transaction ID : <b>SA11AI.50222</b>          |
| C  |                          | Amount of Each Receipt this Period            |
|  |                          | 100.00  |
| Name of Employer   | Occupation               |   |
| Cellnetix Pathology and Laboratories   | Pathologist              |   |
| Receipt For:   | Aggregate Year-to-Date ▼ |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General            |                          |   |
| <input type="checkbox"/> Other (specify) ▼                                   | 600.00                   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 900.00 |
| <b>TOTAL</b> 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 17 OF 25                |
|   | <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 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2013  
**Transaction ID : SA11AI.50149**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Melvin J. Van Boven DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 S Jackson Ave Ste 305  
 City Tulsa State OK Zip Code 74127-9057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OSU Medical Center 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  
 12 / 16 / 2013  
**Transaction ID : SA11AI.50173**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr Michael J Waldron MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1355 River Bend Dr  
 City Dallas State TX Zip Code 75247-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Propath Lab Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2013  
**Transaction ID : SA11AI.50102**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**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 18 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the 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. 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11AI.50207**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Rebecca F Yorke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2504 Elmen St  
 City Houston State TX Zip Code 77019-6712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cypress Fairbanks 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 Y  
 12 / 29 / 2013  
**Transaction ID : SA11AI.50216**  
 Amount of Each Receipt this Period  
 250.00

**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

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 15340.00 |

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input 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 |

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)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Bank - Moneris ACH Discount

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2013

**Transaction ID : SB21B.50246**

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2013

**Transaction ID : SB21B.50247**

Amount of Each Disbursement this Period

50.50

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

92.40

92.40

**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 |

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)

**A. 21ST CENTURY MAJORITY FUND**

Mailing Address 6065 Roswell Road  
# 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Other**

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 05 |   |   | 2013 |   |   |   |

**Transaction ID : SB23.50229**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 WILSHIRE BLVD #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Other**

State: CA District: 33

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 05 |   |   | 2013 |   |   |   |

**Transaction ID : SB23.50230**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. FOLLOW THE NORTH STAR FUND**

Mailing Address 316 E HENNEPIN AVE  
SUITE 201

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **OTHER**

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 05 |   |   | 2013 |   |   |   |

**Transaction ID : SB23.50238**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

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

|         |
|---------|
| 4500.00 |
|---------|

|  |
|--|
|  |
|--|



**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 |

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)

**A. JIM GERLACH FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 05 |   |   | 2013 |   |   |   |

**Transaction ID : SB23.50234**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 16 |   |   | 2013 |   |   |   |

**Transaction ID : SB23.50243**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 730

City HONEOYE State NY Zip Code 14471

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 05 |   |   | 2013 |   |   |   |

**Transaction ID : SB23.50235**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 3000.00 |
|---------|

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

|  |
|--|
|  |
|--|

**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 |

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)

**A. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 1986

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SB23.50239**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ROB WITTMAN FOR CONGRESS**

Mailing Address PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SB23.50236**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Mailing Address 499 SOUTH CAPITAL STREET  
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: SC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SB23.50245**

Amount of Each Disbursement this Period

500.00

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

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

2500.00

**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 |

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)

**A. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SB23.50237**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

15600.00



**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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)

**A. College of American Pathologists**

Mailing Address 325 Waukegan Road

City Northfield State IL Zip Code 60093

Purpose of Disbursement  
Check Cut in Error to Reimburse Travel Expenses - Corrected Jan.14

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2013

**Transaction ID : SB29.50227**

Amount of Each Disbursement this Period

19420.53

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

19420.53

19420.53