

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.
College of American Pathologists Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) 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 / / through / /

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 / /

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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		476964.56
(b) Cash on Hand at Beginning of Reporting Period.....	476964.56	
(c) Total Receipts (from Line 19)	37840.53	37840.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	514805.09	514805.09
7. Total Disbursements (from Line 31).....	2592.40	2592.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	512212.69	512212.69
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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15100.00	15100.00
(ii) Unitemized	3320.00	3320.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18420.00	18420.00
(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)	18420.00	18420.00
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).....	19420.53	19420.53
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37840.53	37840.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37840.53	37840.53

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	92.40	92.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92.40	92.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2592.40	2592.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2592.40	2592.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18420.00	18420.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18420.00	18420.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	92.40	92.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	19420.53	19420.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	-19328.13	-19328.13

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

Form/Schedule: F3XN
Transaction ID :

February 18, 2014

As noted in the December, 2013, FEC report, Disbursements Section, line 29, an error was made with the disbursement of \$19,420.53 from PathPAC to The College of American Pathologists. (CAP) These fund are a correction of the error made in December to return the funds back to PathPAC from CAP.

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 13
	<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. Stephen N Bauer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept
 6501 Coyle Ave
 City Carmichael State CA Zip Code 95608-0306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy San Juan Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI.50309
 Amount of Each Receipt this Period
2500.00

B. Dr. James B Cash Sr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2693 Forest Hills Rd SW Ste B
 City Wilson State NC Zip Code 27893-8611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Carolina Pathology Inc 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
 01 / 28 / 2014
Transaction ID : SA11AI.50305
 Amount of Each Receipt this Period
250.00

C. Dr. Thomas J Cooper Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 E El Parque St
 City Long Beach State CA Zip Code 90815-4129
 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 **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014
Transaction ID : SA11AI.50256
 Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. James M Crawford MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Community Dr
 City Manhasset State NY Zip Code 11030-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore University Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : SA11AI.50271
 Amount of Each Receipt this Period
 2500.00

B. Dr Paul S Dickman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path /Lab
 1919 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phoenix Children's Hosp 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
 01 / 13 / 2014
Transaction ID : SA11AI.50277
 Amount of Each Receipt this Period
 250.00

C. Mary E Fowkes
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Elm Road
 City Katonah State NY Zip Code 10536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MT Sinai School of Medicine Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : SA11AI.50282
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Laura Jane Gardner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Edgar Rd
 City State Zip Code
 Saint Louis MO 63119-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Anthony's Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : SA11AI.50281
 Amount of Each Receipt this Period
 1000.00

B. Dr. Steven P Goetz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1000 4th St SW
 City State Zip Code
 Mason City IA 50401-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Med Ctr-North Iowa Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2014
Transaction ID : SA11AI.50283
 Amount of Each Receipt this Period
 500.00

C. Dr. Anthony J Guidi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2014 Washington St
 City State Zip Code
 Newton MA 02462-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Newton-Wellesley 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
 01 / 28 / 2014
Transaction ID : SA11AI.50303
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2014
Transaction ID : SA11AI.50254
 Amount of Each Receipt this Period
2500.00

B. C. Dean Pappas
 Full Name (Last, First, Middle Initial)
 Mailing Address Lawrence Mem Hosp/Path Dept
 170 Governors Ave
 City Medford State MA Zip Code 02155-1643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hallmark Health Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2014
Transaction ID : SA11AI.50306
 Amount of Each Receipt this Period
500.00

C. Dr. James A Robb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11613 Kensington Ct
 City Boca Raton State FL Zip Code 33428-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2014
Transaction ID : SA11AI.50249
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Charles Edward Slonaker III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24410 Oaklawn Plantation Rd
 City Pass Christian State MS Zip Code 39571-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mem Hosp at Gulfport Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : SA11AI.50270
 Amount of Each Receipt this Period
 1000.00

B. Dr. Jeffrey B Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1395 S Pinellas Ave
 City Tarpon Springs State FL Zip Code 34689-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Helen Ellis Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014
Transaction ID : SA11AI.50292
 Amount of Each Receipt this Period
 500.00

C. Dr. Edward Truman Wright III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept
 915 Gordon Ave
 City Thomasville State GA Zip Code 31792-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John D Archbold Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.50311
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	15100.00

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

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

A. Full Name (Last, First, Middle Initial)
College of American Pathologists

Mailing Address 325 Waukegan Road

City Northfield State IL Zip Code 60093

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 19420.53

Date of Receipt
 01 / 31 / 2014
Transaction ID : SA15.50338

Amount of Each Receipt this Period
 19420.53

CAP Reimbursing PAC for Check Cut in Error

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	19420.53
TOTAL This Period (last page this line number only).....▶	19420.53

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OR District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	3		2	0	1	4		

Transaction ID : SB23.50315

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Category/
Type

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

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

2	5	0	0	.	0	0
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2	5	0	0	.	0	0
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