Image# 14940748526				PAGE 1 / 12
FEC AN	PORT OF RE	EMENTS	Office	
1. NAME OF TYP	E OR PRINT V	Example: If typing, type		Use Only
COMMITTEE (in full)		over the lines.	12FE4M5	
College of American Path	ologists Political Actio	n Committee		
ADDRESS (number and street)	350 I Street, NW			
Check if different	uite 590			
than previously vreported. (ACC)	Vashington		DC 2000	05
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00274944	3. IS TH REPO		AMENDED (A))
4. TYPE OF REPORT ((Choose One)	b) Monthly Report Due On:			Year Only)
(a) Quarterly Reports:	Apr 20 (1	14) Jul 20 (M7		Year Only)
April 15 Quarterly Report (Q1)	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31		M M / D D	Y Y Y Y Y	in the
Year-End Report (YE) July 31 Mid-Year	Election on			State of
Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D		in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2014	through 02		014
I certify that I have examined this Re	eport and to the best of my I	nowledge and belief it is	true, correct and compl	ete.
Type or Print Name of Treasurer	r. Renee R. Ellerbroek			
Signature of Treasurer	R. Ellerbroek	[Electronically Filed]	Date 03 / D	
NOTE: Submission of false, erroneous,	or incomplete information may	subject the person signing	this Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

03/18/2014 12 : 59

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write o	r Type	Committee	Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From: 02	M / D D / Y Y Y Y 2 01 2014 To	b: 02 / 28 / Y Y Y Y 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		476964.56
	(b) Cash on Hand at Beginning of Reporting Period	512212.69	
	(c) Total Receipts (from Line 19)	12709.00	50549.53
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	524921.69	527514.09
7.	Total Disbursements (from Line 31)	22611.90	25204.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	502309.79	502309.79
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

		ETAILED SUMMARY PAGE of Receipts	
14/	FEC Form 3X (Rev. 06/2004)		Page 3
	e or Type Committee Name	litical Action Committee	
	ollege of American Pathologists Po	Diffical Action Committee	
Rep	ort Covering the Period: From: 02	1 / D D / Y Y Y Y 01 2014	M M / D D / Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
(8	a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	11001.00	26101.00
	(ii) Unitemized	1708.00	5028.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	12709.00	31129.00
	b) Political Party Committees	0.00	0.00
(0	c) Other Political Committees	0.00	0.00
6	(such as PACs) d) Total Contributions (add Lines	17 17 17	7 7 7
((11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	12709.00	31129.00
12. T	ransfers From Affiliated/Other		
P	Party Committees	0.00	0.00
		0.00	
13. A	II Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	19420.53
	Refunds of Contributions Made		19 19 19 19
-	p Federal Candidates and Other		
	Political Committees	0.00	0.00
17. C	Other Federal Receipts		
	Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(8	a) Non-Federal Account	0.00	
	(from Schedule H3)	0.00	0.00
		0.00	
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(7	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(7 7	
	otal Receipts (add Lines 11(d),		
1	2, 13, 14, 15, 16, 17, and 18(c))►	12709.00	50549.53
20 T	otal Federal Receipts		
	subtract Line 18(c) from Line 19)►	12709.00	50549.53
(/7 /7 //*	

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DETAILED SUMMARY PAGE

of Disbursements

FEC Fo	orm 3X (Rev. 02/2003)		Page 4
II.	Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Ex (a) Allocate Activity	xpenditures: – d Federal/Non-Federal (from Schedule H4)		
	deral Share	0.00	0.00
(ii) Noi	n-Federal Share	0.00	0.00
	ederal Operating itures	111.90	204.30
	perating Expenditures		
	(a)(i), (a)(ii), and (b)) ► Affiliated/Other Party	111.90	204.30
Committees.		0.00	0.00
 Contributions Federal Can and Other P 	s to didates/Committees olitical Committees	22500.00	25000.00
4. Independent		0.00	
(use Schedu 5. Coordinated	Ile E) Party Expenditures	0.00	0.00
(2 U.S.C. §4 (use Schedu	l41a(d)) Ile F)	0.00	0.00
6. Loan Repay	ments Made	0.00	0.00
7 Loans Made		0.00	0.00
 Refunds of ((a) Individual 	Contributions To: als/Persons Other		0.00
Than Po	olitical Committees	0.00	0.00
	Party Committees	0.00	0.00
	olitical Committees s PACs)	0.00	0.00
(d) Total Co	ontribution Refunds		
()	nes 28(a), (b), and (c))	0.00	0.00
9. Other Disbur	rsements	0.00	0.00
). Federal Elec	ction Activity (2 U.S.C. §431(20))		
	d Federal Election Activity		
	chedule H6) ral Share	0.00	0.00
(ii) "I ev	in" Share	0.00	0.00
	Election Activity Paid Entirely		
	h Federal Funds	0.00	0.00
	30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
I. Total Disburg	sements (add Lines 21(c), 22,		
	26, 27, 28(d), 29 and 30(c))	22611.90	25204.30
2. Total Federa	l Disbursements		
	e 21(a)(ii) and Line 30(a)(ii)	22611.90	25204.30
32. Total Federa (subtract Lin	I Disbursements	22611.90	

FE6AN026

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	12709.00	31129.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12709.00	31129.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	111.90	204.30
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	19420.53
3. Net Operating Expenditures (subtract Line 37 from Line 36)	111.90	-19216.23

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 6 OF

12

			Detailed Summary Page	[X 11a		11b	11c		12	
					13		14	15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	College of American Pathologis	ts Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Matthew David Carr MD				Date of	Re	eceipt				
	Mailing Address 602 Michigan Ave				м м 02	/	09) / Y		014	Y
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI	.503	53	
	Holland	MI	49423-4918	_	Amount	of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,			500.	00
	Name of Employer	Occupation									
	Western Michigan Pathology Assoc PLLC	Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
В.	Full Name (Last, First, Middle Initial) Dr. Michael A. Deck MD				Date of	Re	eceipt				
	Mailing Address 6124 W Parker Rd Ste G36				M M	1	11) / Y	2C)14	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.			
	Plano	ТХ	75093-8124		Amount	of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,			2500.	00
	Name of Employer MD Pathology	Occupation Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) v		2500.00								
С.	Full Name (Last, First, Middle Initial) Dr. Carolyn S Katzen MD				Date of	Re	eceipt				
	Mailing Address Dept of Path 1364 Clifton Rd NE Ste C179				м м 02	1	18) 14	Y
	City Atlanta	State GA	Zip Code 30322-1064					SA11AI			
	FEC ID number of contributing federal political committee.	С					,	7		1000	.00
	Name of Employer	Occupation		-							
	Emory Univ Hosp	Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 0		11							
	Other (specify)		1000.00								
s	UBTOTAL of Receipts This Page (optional)		•••••	•			7			4000.	00
т	OTAL This Period (last page this line number	only)	•••••	-			,				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

12

Detailed Summary Page 11a 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Date of Receipt A. Dr. John G Newby MD Intil Medical Campus Rd Ste 230 Date of Receipt City State Zip Code Hagerstown MD 21742-6727 FEC ID number of contributing federal political committee. Coccupation Merius Health Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Malling Address Dept of Path 2500.00 So W Thomas Rd Zip Code Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Malling Address Dept of Path 350 W Thomas Rd 350 W Thomas Rd C City State Zip Code Phoenix AZ 85013-4409 FEC ID number of contributing federal political committee. C Other (specify) ▼ <th>IT.</th> <th></th> <th></th> <th>Use separate schedule(s)</th> <th>(cł</th> <th>neck only</th> <th>y or</th> <th>ne)</th> <th>L</th> <th></th> <th></th> <th></th>	IT.			Use separate schedule(s)	(cł	neck only	y or	ne)	L			
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rederal political committee. Q 20000 Name of Employer Occupation Meritus Health Pathologist Receipt FOr: Ceneral B. Dr. Richard W Trepeta MD Aggregate Year-to-Date ▼ City S50 W Thomas Rd City S1 Josephs Hosp and Med Ctr Pathologist Aggregate Year-to-Date ▼ Receipt FOr: Occupation State Zip Code Name of Employer Occupation St Josephs Hosp and Med Ctr Pathologist Primary General Other (specify) ▼ City State Zip Code Name of Employer Occupation St Josephs Hosp and Med Ctr Pathologist Receipt FOr: Aggregate Year-to-Date ▼ Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) C C. Dr. Emily Ellen VOkk MD Date of Receipt Mailing Address 219 Lamont Ave C City State Zip Code Name of Employer Occupation Receipt FOr: Aggregate Year-to-Date ▼ Name of Employer		Hagerstown	MD	21742-6727		Amount	t of	Each Re	eceipt th	nis Pe	eriod	
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Receipt For: Aggregate Year-to-Date ▼ Primary General Dther (specify) ▼ 2500.00 Full Name (Last, First, Middle Initial) B. Dr. Richard W Trepeta MD Date of Receipt 02 350 W Thomas Rd 2014 City State Phoenix AZ Born Richard W Trepeta MD 02 Mailing Address Dept of Path 02 350 W Thomas Rd 2014 City AZ Born Richical committee. C Couplation Pathologist Receipt For: Occupation Phill Name (Last, First, Middle Initial) C C. Dr. Emily Ellen Volk MD Date of Receipt Mailing Address 219 Lamont Ave City City State Zip Code San Antonio TX 78209-3763 FEC ID number of contributing federal political committee. C 2501.00 Name of Employer Occupation 2501.00 Subrotal Center Pathologist Aggregate Year-to-Date ▼ Gity General Other (specify) ▼ 2501.00		Name of Employer	Occupation									
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 8 OF

12

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Sherry L Woodhouse MD Mailing Address PO Box 821440 City Pembroke Pines FEC ID number of contributing federal political committee. Name of Employer Pathology Consultants of S Broward Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33082-1440 C Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 02 27 2014 Transaction ID : SA11AI.50388 Amount of Each Receipt this Period 1000.00
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