Image# 13940921692 PAGE 1 / 14

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FE4M5
College of American F	Pathologists Political	Action Committee	;
ADDRESS (number and street)	1350 I Street, NW Suite 590		
Check if different than previously reported. (ACC)	Washington		DC 20005 -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00274944		IS THIS REPORT X (N)	
4. TYPE OF REPORT (Choose One)	Report Due On:		Aug 20 (M8) Nov 20 (Non-Election Year Only) n 20 (M6) Sep 20 (M9) Dec 20 (Non-Election (Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (Primary (12P)	General (12G) Runoff (12
July 15 Quarterly Report (6	PRF-Election	Convention (12	
Quarterly Report (January 31	El. al	on on	in the State of
Year-End Report (* July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (3
Termination Report		on on	in the State of
5. Covering Period 0	5 01 2013	through	05 31 2013
I certify that I have examined to	his Report and to the best o	f my knowledge and be	elief it is true, correct and complete.
Type or Print Name of Treasure	Dr. Renee R. Ellerbroek		
Signature of Treasurer Dr.	Renee R. Ellerbroek	[Electronically F	Filed] Date 06 19 2013
NOTE: Submission of false, error	neous, or incomplete information	on may subject the perso	n signing this Report to the penalties of 2 U.S.C. §43:
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 05 01 2013 To: 05 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6.	(a) Cash on Hand January 1, 2013		450695.89		
	(b) Cash on Hand at Beginning of Reporting Period	472156.29			
	(c) Total Receipts (from Line 19)	8960.00	109802.00		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	481116.29	560497.89		
7.	Total Disbursements (from Line 31)	23092.40	102474.00		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	458023.89	458023.89		
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	e Period: From: 09	5 01 2013	To: 05 31 2013
I. F	Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individuals/F	her than loans) From: Persons Other al Committees		
	(use Schedule A)	6250.00	86599.00
(ii) Unitemiz (iii) TOTAL (ed	2710.00	23203.00
	(a)(i) and (ii)	8960.00	109802.00
	ty Committees	0.00	0.00
(such as PA	Cs) outions (add Lines	0.00	0.00
11(a)(iii), (b)	, and (c)) (Carry se 33, page 5)	8960.00	109802.00
12. Transfers From A		0.00	0.00
-	red	0.00	0.00
		0.00	
 Loan Repayment Offsets To Opera (Refunds, Rebate 		0.00	0.00
	Line 37, page 5)	0.00	0.00
to Federal Candi Political Committ	dates and Other ees	0.00	0.00
	est, etc.)	0.00	0.00
(a) Non-Federal			
(from Sched	ule H3)	0.00	0.00
(b) Levin Funds	(from Schedule H5)	0.00	0.00
(c) Total Transfer	rs (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (a 12, 13, 14, 15, 1	add Lines 11(d), 6, 17, and 18(c))▶	8960.00	109802.00
20. Total Federal Re (subtract Line 18	ceipts (c) from Line 19)▶	8960.00	109802.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calonida Tour to Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	92.40	474.00
Expenditures(c) Total Operating Expenditures	92.40	474.00
(add 21(a)(i), (a)(ii), and (b))	92.40	474.00
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	23000.00	102000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan nepayments made		0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than I omiour committees		
(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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20 (a) Allocated Federal Election Activity)))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23092.40	102474.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	23092.40	102474.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8960.00	109802.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8960.00	109802.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	92.40	474.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	92.40	474.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

ı		R LINE			:	PAGE	=	6	OF	14
(check only one)										
	X	11a		11b		11c		12	2	
ı		13		14		15		16	6	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Jeff W Byrd MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
915 Gordon At Mimosa Dr	Stata 7in Codo	05 02 2013
City Thomasville	State Zip Code GA 31792-6699	Transaction ID : SA11AI.48922 Amount of Each Receipt this Period
FEC ID number of contributing	C	Amount of Each Receipt this Period 500.00
federal political committee.		
Name of Employer	Occupation	
John D Archbold Memorial Hospital	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Curtis MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
1601 Ygnacio Valley Rd City	State Zip Code	05 02 2013
City Walnut Creek	State Zip Code CA 94598-3122	Transaction ID : SA11AI.48924 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
John Muir Med Ctr-Walnut Creek Campus	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	, 250.00	
Full Name (Last, First, Middle Initial) C. Dr. Philip E. LeBoit MD		Date of Receipt
Mailing Address Dermatopathology Rm 499 1701 Divisadero St		05 02 2013
City	State Zip Code CA 94115-3011	Transaction ID: SA11AI.48935
San Francisco	CA 94115-3011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Univ of California San Francisco	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (ontional)		3250.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) for each category of the Detailed Summary Page

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

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Rodger P Lewis MD Mailing Address PO Box 870		Date of Receipt
1209 Bishop ST		05 02 2013
City	State Zip Code	Transaction ID : SA11AI.48936
Union City	TN 38281-0870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Baptist Memorial Hosp-Union City	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Bradley M Linzie MD		Date of Receipt
Mailing Address Lab Med and Path P4 701 Park Ave		05 17 2013
City	State Zip Code	Transaction ID : SA11AI.48937
Minneapolis	MN 55415-1623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Hennepin Cnty Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Guillermo G Martinez-Torres	MD	Date of Receipt
Mailing Address 2323 N Lake Dr	INIU	M = M / D = D / Y = Y = Y
City	State Zip Code	05 17 2013
Milwaukee	State Zip Code WI 53211-4508	Transaction ID : SA11AI.48941 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1230.00
Name of Employer	Occupation	
Columbia St Marys Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
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

	-		_	MBER	:	PAGE	8	OF	14
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	
<i>,</i>	logists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Lisa Beth Nass MD		Date of Receipt
Mailing Address Dept of Path 8901 W Lincoln Ave		05 02 2013
City	State Zip Code	Transaction ID : SA11AI.48946
West Allis	WI 53227-2409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
ACL Labs	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	, 1991-99410 1041 10 P410 ¥	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Sarah J. Olenick MD,PhD		Date of Receipt
Mailing Address 1447 York Ct		05 09 2013 _
City	State Zip Code	Transaction ID : SA11AI.48952
Burlington	NC 27215-3361	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	
Laboratory Corporation of America	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. William W West MD	I	Date of Receipt
Mailing Address Path and Micro		T
983135 Nebraska Medi	cal Ctr	05 16 _2013 _
City	State Zip Code	Transaction ID : SA11AI.48960
Omaha	NE 68198-3135	Amount of Each Receipt this Period
EEC ID number of contributing		, another of Each recorpt this renot
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Univ of Nebraska Med Ctr	Pathologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00
	<u>^</u>	
TOTAL This Period (last page this line nu	ımber only)	6250.00

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SCHEDULE B (FEC Form 3X)	Hoo operate selected (FOR LINE NUMBER: PAGE 9 OF 14					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	· ·				
	Detailed Summary Page	27	28a 28b 28c	25 26 29 30b			
Any information copied from such Reports and Sta							
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political	al committee to	solicit contributions from such	committee.			
College of American Pathologist	s Political Action Comr	nittee					
Full Name (Last, First, Middle Initial) A. Sun Trust Bank			Date of Disbursement				
- Suil Hust Dalik				YYY			
Mailing Address P.O. Box 85024			05 03	2013			
City	State Zip Code						
Richmond	VA 23285		Transaction ID : SB21B.4	8962			
Purpose of Disbursement Suntrust Moneris ACH Discount		· · ·	Amount of Each Disburseme	ent this Period			
Candidate Name		Category/					
	_	Type		41.90			
Office Sought: House Disbut	sement For: Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial) B. Sun Trust Bank			Date of Disbursement				
5. Sun Trust Bank				YYYY			
Mailing Address P.O. Box 85024			05 20	2013			
City Richmond	State Zip Code VA 23285		Transaction ID : SB21B.4	8963			
Purpose of Disbursement Suntrust Account Analysis Fee			Amount of Each Disburseme	ent this Period			
Candidate Name		Category/		50.50			
Office Cought House Dishout	and the second s	Type	7	50.50			
Office Sought: House Disbut	sement For: Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) C.			Date of Disbursement				
			M M / D D / Y	YYY			
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
			Amount of Each Disburseme	ent this Period			
Candidate Name		Category/ Type					
Office Sought: House Disbut	sement For:	туре	7				
Senate	Primary General						
State: President	Other (specify) ▼						
otate. District.							
SUBTOTAL of Disbursements This Page (optional	ıl)			92.40			
				92.40			
TOTAL This Period (last page this line number o	nly)			32.40			

S	CHEDULE B (FEC Form 3X)				ر مر ر	I INIE NII	IIMBED				PAGE	10	OF	14
ITEMIZED DISBURSEMENTS			arate schedule(s)	FOR LINE NUMBER: PAGE 10 OF							-			
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	ny information copied from such Reports and Staten													
	for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full)													
$ \; angle$	College of American Pathologists F	Political	Action Com	mitte	e									
\angle														
٨	Full Name (Last, First, Middle Initial)	TC\/C	TOOLS 4 4 4 4 1				Data a	f Dici	huroo	mont				
۸.	FRIENDS OF CONGRESSMAN STEVE STOCKMAN						Date of Disbursement							
	Mailing Address PO BOX 57135						05	'	23			013	Y	
	5													
	City	State	Zip Code				Trans	sactio	חו מי	: SB23	480e.	7		
	WEBSTER	TX	77598				IIalis	actic	טו ווע	. 3623	1030	•		
	Purpose of Disbursement				-		Λ m a	+ 04 5	-och	Diob	omo-	+ +b:a	Doric	٦
	Candidate Name				_		Amoun	ı or E	_acn	บเรมนใ	emen	ı ırııs	r-eno	J.
	Canadato Harrio				egor	y/						100	0.00	
	Office Sought:	nent For:	2014	',	,,,,,				,					
		Primary	General											
	President	Other (spe	ecify) 🔻											
	State: TX District: 36													
_	Full Name (Last, First, Middle Initial)						_							
В.	FRIENDS OF JASON CHAFFETZ						Date of	f Disl	bursei	ment				
	Mailing Address OF WESTER BOX OF						M = M	/	D			042	Υ	
	Mailing Address 315 WESTFIELD CIRCLE						05	-	23	3		2013		
	City	State	Zip Code				T	4!	ID	· CDO	4000			
	ALPINE	UT	84004				Trans	sactio	טו חס	: SB23	.4896	9		
	Purpose of Disbursement				_									
	Candidate Name						Amoun	t of E	=ach	Disburs	semen	t this	Perio	J.
	Candidate Name				egor	y/	Ι.					100	0.00	
	Office Sought:	nent For:	2014	- 1	ype				,					
		Primary	General											
		Other (spe	ecify) 🔻											
	State: UT District: 03													
	Full Name (Last, First, Middle Initial)													
C.	FRIENDS OF LOIS CAPPS						Date of	f Disl	burseı	ment				
	Markey Address BOD 20010					M M / D D / Y Y Y Y								
	Mailing Address PO Box 23940						05		23	3	2	013		
	City	State	Zip Code											
	-	CA	93121				Trans	sactio	on ID	: SB23	.4897	2		
	Purpose of Disbursement			_	-	_								
							Amoun	t of E	Each	Disburs	semen	t this	Perio	d
	Candidate Name				egor	y/						1000	0.00	П
	Office Cought: A House Dishumon			Т	ype				,			100	3.00	4
	Office Sought: House Disbursen	nent For: Primary	General											
	President	Other (spe												
	State: CA District: 24	2 (OPC	· - · y / . ▼											
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s	SUBTOTAL of Disbursements This Page (optional)					•			en. =			3000	0.00	
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[т	'OTAL This Period (last page this line number only)					•	L .							

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and State or for commercial purposes, other than using the na			
	and address of any por	car committee to	construction from outer committee.
NAME OF COMMITTEE (In Full)	Dolitical Action Cor	mmittas	
College of American Pathologists	Political Action Cor	nmillee	
Full Name (Last, First, Middle Initial)			
LEE TERRY FOR CONGRESS	Date of Disbursement		
Mailing Address P.O. Box 540098			05 23 2013
City	State Zip Code		Transaction ID - CD22 40072
Omaha	NE 68154		Transaction ID : SB23.48973
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Catagory	Amount of East Disputsement the Feriod
		Category/ Type	1000.00
Office Sought: House Disburse	ement For: 2014 Primary General Other (specify)		
State: NE District: 02			
Full Name (Last, First, Middle Initial)			
MARSHA BLACKBURN FOR CO		Date of Disbursement	
Mailing Address PO Box 3750		05 23 2013	
City BRENTWOOD	State Zip Code TN 37024		Transaction ID : SB23.48974
Purpose of Disbursement	37024		
		J L	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	ement For: 2014 Primary General Other (specify)		
State: TN District: 07			
Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONC	Date of Disbursement		
Mailing Address PO Box 2334			05 23 2013
City	State Zip Code		T .: ID ODG 100-5
Denton	TX 76202		Transaction ID : SB23.48975
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period
0		Type	1000.00
Senate President	ement For: 2014 Primary General Other (specify)		
State: TX District: 26			
SUBTOTAL of Disbursements This Page (optional).		·····•	3000.00
TOTAL This Period (last page this line number only	/)		

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 12 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 29	4 25 26 Bc 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
College of American Pathologists I	Political Action Comm	nittee		
Full Name (Last, First, Middle Initial)			5	
A. MIKULSKI FOR SENATE COMMI	ITEE		Date of Disbursement	Y
Mailing Address P.O. BOX 13147			05 23	2013
,	State Zip Code		Transaction ID : SB23	R 48976
BALTIMORE	MD 21203		Transaction ib . 3b2	5.40370
Purpose of Disbursement			Amount of Each Disbur	sement this Period
Candidate Name		Category/ Type		1000.00
Office Sought: House Disburser	ment For: 2014	Турс		,
X Senate	Primary General			
President	Other (specify) ▼			
State: MD District:				
Full Name (Last, First, Middle Initial)				
B. PALLONE FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 3176			05 29	2013
City LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB2	3.48983
Purpose of Disbursement	0.1.10			
Candidata Nama			Amount of Each Disbur	sement this Period
Candidate Name		Category/ Type		1000.00
	ment For: 2014			
	Primary General			
President State: NJ District: 06	Other (specify) ▼			
State: NJ District: 06 Full Name (Last, First, Middle Initial)				
C. PRICE FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. Box 425			05 10	2013
City	State Zip Code		Transaction ID ODG	2.400.4
Roswell	GA 30077		Transaction ID : SB2	3.48964
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbur	sement this Period 1500.00
Office Sought:	ment For: 2013	.,,,,		, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General			
President	Other (specify) ▼			
State: GA District: 06				
SUBTOTAL of Disbursements This Page (optional)				3500.00
ODDIOTAL OF DISDUISMINENTS THIS Page (optional)		·····		
TOTAL This Period (last page this line number only))			,

SCHEDULE B (FEC Form 3X)	Line company	adula/a\	FOR LINE I			PAGE	13 OF	= 14					
ITEMIZED DISBURSEMENTS	Use separate sche for each category		(check only		X 23	□ 24	725 5						
	Detailed Summary		21b 27	22 28a	23 28b	24 28c	25 29	30					
Any information copied from such Reports and State	nents may not be so	old or used	by any perso		purpose of	soliciting co	ontributio	ns					
or for commercial purposes, other than using the nar													
NAME OF COMMITTEE (In Full)													
angle College of American Pathologists I	Political Action	Comm	ittee										
			-										
Full Name (Last, First, Middle Initial)				Date of	Dishursam	ent							
A. PRICE FOR CONGRESS	FRICE FUR CUNGRESS						Date of Disbursement						
Mailing Address P.O. Box 425				05	10		013						
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•	State Zip Coo	de		Trans	action ID :	SB23 4896	5						
Roswell	GA 30077			Trails	dottorrib .	OD20.4000	•						
Purpose of Disbursement				Amount	of Each Di	iehureaman	t this Da	oriod					
Candidate Name			0.1	, anount	JI LAGII DI	iobarociiieli		,, 10u					
			Category/ Type				5000.0	00					
Office Sought: House Disbursel	ment For: 2014		71: -			,							
Senate	Primary Ge	eneral											
President	Other (specify) ▼												
State: GA District: 06													
Full Name (Last, First, Middle Initial)				D-t- · ·	Diobos	ant							
B. RYAN FOR CONGRESS					Disbursem								
Mailing Address P.O. BOX 1488				M = M	20		2013						
1.0. DOX 1400		50	20		3,0	-							
,	State Zip Coo	de		Trans	action ID :	SB23.4896	6						
Janesville	WI 53547						-						
Purpose of Disbursement				Amount	of Each Di	ishursemen	t this Pa	eriod					
Candidate Name		L	Ontario 1	, anount	or Edon D	io Dai Joini Gil							
			Category/ Type				5000.0)0					
Office Sought:	ment For: 2014	I	71		,	,							
Senate	Primary Ge	eneral											
President	Other (specify) ▼												
State: WI District: 01													
Full Name (Last, First, Middle Initial)	INID			Data of	Disbursem	ent							
C. SEARCHLIGHT LEADERSHIP FU	טאינ												
Mailing Address 700 13TH STREET NW		05	23		013								
SUITE 600													
•	State Zip Coo	de		Trans	action ID :	SB23.4898	8						
WASHINGTON Purpose of Dichurcement	DC 20005	ı					-						
Purpose of Disbursement Candidate: Harry Reid													
Candidate Name		L	0.1	Amount	of Each Di	ısbursemen	t this Pe	riod					
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 14 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any information copied from such Reports and Statem	ponto mou not bo cold or upon		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
College of American Pathologists F	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			Data of Bishamana
A. TIM SCOTT FOR SENATE			Date of Disbursement
Mailing Address 499 SOUTH CAPITAL STREET SUITE 420	tata Zin Codo		05 23 2013
,	State Zip Code DC 20003		Transaction ID : SB23.48980
Purpose of Disbursement	20003		
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Office Sought: House Disbursem	nent For: 2014	Туре	
Senate X	Primary General		
State: SC District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. WALDEN FOR CONGRESS INC		Date of Disbursement	
Mailing Address PO Box 1091		05 23 7 2013	
Hood River	State Zip Code OR 97031		Transaction ID : SB23.48982
Purpose of Disbursement			Amount of Each Disbursement this Perio
Candidate Name	"	Category/ Type	1500.00
Senate President	nent For: 2014 Primary General Other (specify)		
State: OR District: 02			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y		
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President	nent For: Primary General Other (specify)		, , , ,
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SUBTOTAL of Disbursements This Page (optional)		······	2500.00
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