

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

Check if different than previously reported. (ACC) Suite 590

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER ▼** C C00274944 **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 M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014

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. Paula Pszypko

Signature of Treasurer Dr. Paula Pszypko *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 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 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..... | 496886.84 | |
| (c) Total Receipts (from Line 19) | 17678.00 | 175257.98 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 514564.84 | 652222.54 |
| 7. Total Disbursements (from Line 31)..... | 63111.90 | 200769.60 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 451452.94 | 451452.94 |
| 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)..... | 13809.00 | 128019.00 |
| (ii) Unitemized | 3869.00 | 26318.45 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 17678.00 | 154337.45 |
| (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) | 17678.00 | 154337.45 |
| 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 | 19420.53 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 1500.00 |
| 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))..... ▶ | 17678.00 | 175257.98 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 17678.00 | 175257.98 |

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 | 111.90 | 894.60 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 111.90 | 894.60 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 63000.00 | 202000.00 |
| 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 | -2125.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | -2125.00 |
| 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)) .. | 63111.90 | 200769.60 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 63111.90 | 200769.60 |

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) | 17678.00 | 154337.45 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | -2125.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 17678.00 | 156462.45 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 111.90 | 894.60 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 19420.53 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 111.90 | -18525.93 |

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

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

FOR LINE NUMBER: PAGE 6 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. Brent D Benjamin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 400 S 43rd St
 City Renton State WA Zip Code 98055-5714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Med Ctr Occupation 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
 09 / 15 / 2014
Transaction ID : SA11AI.51159
 Amount of Each Receipt this Period
250.00

B. Dr. David A Brinker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 7601 Osler Dr
 City Towson State MD Zip Code 21204-7700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Med Ctr Occupation 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
 09 / 08 / 2014
Transaction ID : SA11AI.51146
 Amount of Each Receipt this Period
250.00

c. Dr. Jordan W Eggers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Woodland Dr
 City Boyce State LA Zip Code 71409-9611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Pathology Laboratory LLC 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
 09 / 15 / 2014
Transaction ID : SA11AI.51163
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
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 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 | <input type="checkbox"/> 17 |

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

A. Dr. Robert Anthony Frazier Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 733 Boush St Ste 200
 City Norfolk State VA Zip Code 23510-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dominion Pathology Laboratories 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
 09 / 17 / 2014
Transaction ID : SA11AI.51197
 Amount of Each Receipt this Period
 2500.00

B. Dr. Alan F Frigy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1800 E Lake Shore Dr
 City Decatur State IL Zip Code 62521-3810
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : SA11AI.51180
 Amount of Each Receipt this Period
 1000.00

c. Dr. David L. Gang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 759 Chestnut St
 City Springfield State MA Zip Code 01199-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate 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
 09 / 17 / 2014
Transaction ID : SA11AI.51198
 Amount of Each Receipt this Period
 200.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3700.00 |
| 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 25 |
| <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. Robert George Gurdak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1350 E Market St
 City Warren State OH Zip Code 44483-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trumbull Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 09 / 16 / 2014
Transaction ID : SA11AI.51181
 Amount of Each Receipt this Period 249.00

B. T. Clarke Harding Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 Greenbrier Drive
 City Collinsville State IL Zip Code 62234
 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 1000.00

Date of Receipt 09 / 17 / 2014
Transaction ID : SA11AI.51224
 Amount of Each Receipt this Period 1000.00

C. Dr. Ernest Neil Holburt MD,MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path Ste 105
 25470 Medical Center Dr
 City Murrieta State CA Zip Code 92562-4901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Lab Services Medical Group Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 501.00

Date of Receipt 09 / 25 / 2014
Transaction ID : SA11AI.51216
 Amount of Each Receipt this Period 501.00

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: (check only one) | PAGE 9 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 | |

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

A. Dr. John Burnett Holt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 200 Hawthorne LN
 City Charlotte State NC Zip Code 28204-2515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novant Health Presbyterian Medical Cen Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 09 / 16 / 2014
Transaction ID : SA11AI.51183
 Amount of Each Receipt this Period
250.00

B. Dr. Rebecca L. Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 W. Kennedy Blvd Ste 690
 City Tampa State FL Zip Code 33609-2571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Board of Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 09 / 03 / 2014
Transaction ID : SA11AI.51140
 Amount of Each Receipt this Period
500.00

c. Dr. Megha G. Joshi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 1 General Street, PO Box 189
 City Lawrence State MA Zip Code 01842-0389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lawrence General Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 09 / 17 / 2014
Transaction ID : SA11AI.51200
 Amount of Each Receipt this Period
1000.00

| | |
|---|----------------|
| 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 10 OF 25
(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. Roger D Klein MD,JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27500 Cedar Rd Apt 808
 City Beachwood State OH Zip Code 44122-1153
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11AI.51166
 Amount of Each Receipt this Period
 1000.00

B. Dr. Kathryn Teresa Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 Haddon Ct
 City Franklin State TN Zip Code 37067
 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 ▼ 999.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : SA11AI.51138
 Amount of Each Receipt this Period
 999.00

C. Dr Jonathan S Krauss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 12611
 City Augusta State GA Zip Code 30914-0611
 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 / D D / Y Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : SA11AI.51212
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2099.00
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 11 OF 25
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. John A Laczin MD
Full Name (Last, First, Middle Initial)
Mailing Address 1950 Mulsanne Dr
City Zionsville State IN Zip Code 46077-9076
FEC ID number of contributing federal political committee. **C**
Name of Employer Covance Central Lab Svcs Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2014
Transaction ID : SA11AI.51217
Amount of Each Receipt this Period 500.00

B. Dr. Alan Levin MD
Full Name (Last, First, Middle Initial)
Mailing Address 1701 SE Hillmoor Dr Ste C-11
City Port Saint Lucie State FL Zip Code 34952-7541
FEC ID number of contributing federal political committee. **C**
Name of Employer St Lucie Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 25 / 2014
Transaction ID : SA11AI.51219
Amount of Each Receipt this Period 360.00

C. Dr. John C. Moad MD
Full Name (Last, First, Middle Initial)
Mailing Address 7835 Paragon Rd
City Dayton State OH Zip Code 45459-4021
FEC ID number of contributing federal political committee. **C**
Name of Employer Derm-Path Lab of Central States Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2014
Transaction ID : SA11AI.51167
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1360.00
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 12 OF 25 |
| | <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. Stephen A. Ovanessoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10276 E Bella Vista Dr
 City State Zip Code
 Scottsdale AZ 85258-5720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Clin-path Associates 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
 09 / 19 / 2014
Transaction ID : SA11AI.51211
 Amount of Each Receipt this Period
 500.00

B. Dr. Michelle Leigh Ehrlich Powers MD,MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 4300 W Memorial Rd
 City State Zip Code
 Oklahoma City OK 73120-8304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Hlth Ctr 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
 09 / 06 / 2014
Transaction ID : SA11AI.51144
 Amount of Each Receipt this Period
 500.00

C. Dr. Caroline Leilani Valdes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 W Commercial St
 City State Zip Code
 Victoria TX 77901-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Regional Medical Laboratory 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
 09 / 07 / 2014
Transaction ID : SA11AI.51145
 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 13 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 | |

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

A. Dr. Robert Brian Wells Sr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1726 S Beckham Ave
 City Tyler State TX Zip Code 75701-4465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Associates of Tyler Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 09 / 08 / 2014
Transaction ID : SA11AI.51155
 Amount of Each Receipt this Period
350.00

B. Dr Jerome S Wilkenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 690685
 City Houston State TX Zip Code 77269-0685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Cypress Medical Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 09 / 08 / 2014
Transaction ID : SA11AI.51156
 Amount of Each Receipt this Period
300.00

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
 / /
 Amount of Each Receipt this Period

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 650.00 |
| TOTAL This Period (last page this line number only)..... | 13809.00 |

**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 |

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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 Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SB21B.51135

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

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : SB21B.51136

Amount of Each Disbursement this Period

70.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

111.90

111.90

**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. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB23.51225

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City FREMONT State NE Zip Code 68025

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB23.51227

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address P.O. BOX 606

City TARPON SPRINGS State FL Zip Code 24688

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB23.51248

Amount of Each Disbursement this Period

1500.00

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

3500.00

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 |

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2014 |

Transaction ID : SB23.51249

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST
SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 29 | / | 2014 |

Transaction ID : SB23.51255

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RUSH

Mailing Address P.O. BOX 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 17 | / | 2014 |

Transaction ID : SB23.51243

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

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

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

| |
|---------|
| 5000.00 |
|---------|

| |
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| |
|--|

**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. Democratic Congressional Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 05 | / | 2014 |

Mailing Address 430 South Capital Street, SE
2nd Floor

Transaction ID : SB23.51228

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement

| |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

OTHER

Full Name (Last, First, Middle Initial)

B. Diana DeGette for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 05 | / | 2014 |

Mailing Address P O BOX 61337

Transaction ID : SB23.51229

City DENVER State CO Zip Code 80206

Amount of Each Disbursement this Period

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

Purpose of Disbursement

| |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 01

Full Name (Last, First, Middle Initial)

C. FOLLOW THE NORTH STAR FUND

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2014 |

Mailing Address 316 E HENNEPIN AVE
SUITE 201

Transaction ID : SB23.51250

City MINNEAPOLIS State MN Zip Code 55414

Amount of Each Disbursement this Period

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

Purpose of Disbursement

| |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

OTHER

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

| |
|---------|
| 8500.00 |
|---------|

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 |

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) OTHER

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB23.51265

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: NC District: 00

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB23.51257

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: CA District: 14

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB23.51251

Amount of Each Disbursement this Period

1000.00

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

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

8000.00

**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 |

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JAIME FOR CONGRESS

Mailing Address PO BOX 1614

City: RIDGEFIELD State: WA Zip Code: 98642

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB23.51252

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City: ATLANTA State: GA Zip Code: 30301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: GA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB23.51230

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LARSON FOR CONGRESS

Mailing Address PO BOX 261172

City: HARTFORD State: CT Zip Code: 61261

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB23.51231

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

**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 |

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

Full Name (Last, First, Middle Initial)

A. LEE TERRY FOR CONGRESS

Mailing Address P.O. Box 540098

City State Zip Code
Omaha NE 68154

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51232

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 730

City State Zip Code
HONEYE NY 14471

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51244

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City State Zip Code
MARTINSBURG WV 25402

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51260

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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. MORAN FOR KANSAS

Mailing Address P.O. BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51233

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

OTHER

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51242

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

OTHER

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51245

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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. NORTHSTAR LEADERSHIP PAC

Mailing Address PO BOX 28754

City ST. PAUL State MN Zip Code 55128

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) OTHER

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB23.51246

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 100

City TEANECK State NJ Zip Code 07666

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: NJ District: 09

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB23.51234

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PATRICK HENRY HAYS FOR CONGRESS

Mailing Address PO BOX 94886

City NORTH LITTLE ROCK State AR Zip Code 72190

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: AR District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB23.51262

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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 |

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51235

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51237

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. POMPEO FOR CONGRESS INC

Mailing Address P.O. Box 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : SB23.51238

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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. Roskam for Congress

Mailing Address P.O. Box 713

City State Zip Code
Wheaton IL 60189

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 5 | | | 2 | 0 | 1 | 4 | | |

Transaction ID : SB23.51239

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. SHORE PAC

Mailing Address PO. Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ OTHER

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 5 | | | 2 | 0 | 1 | 4 | | |

Transaction ID : SB23.51240

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1400

City State Zip Code
MELVILLE NY 11747

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 5 | | | 2 | 0 | 1 | 4 | | |

Transaction ID : SB23.51241

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 5 | 5 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 5 | 5 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

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. STUTZMAN FOR CONGRESS

Mailing Address PO BOX 129

City State Zip Code
HOWE IN 46746

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2014 |

Transaction ID : SB23.51253

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City State Zip Code
BURLINGTON VT 05402

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 17 | / | 2014 |

Transaction ID : SB23.51247

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | 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)..... ▶

| |
|---------|
| 2000.00 |
|---------|

| |
|----------|
| 63000.00 |
|----------|