Image# 14978252720 PAGE 1 / 25

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Other Than All A	utilonizea commit			Office Use Only
1. NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If typover the lines.	ping, type	12FE4M5	
College of American Path	nologists Politica	Action Commit	ee		
ADDRESS (number and street)	1350 I Street, NW				
Check if different	Suite 590				
than proviously	Washington			DC L	20005
2. FEC IDENTIFICATION NUMBER	BER ▼	CITY A	:	STATE A	ZIP CODE ▲
C C00274944	3.	IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	eb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	N	Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		pr 20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Primary (12 Convention		General (
October 15 Quarterly Report (Q3)	rioport for the	Convention	(120)	opeoidi (120)
January 31 Year-End Report (YE)	Elec	etion on	/ D I D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	,	OG)	Runoff (3	OR) Special (30S)
Termination Report (TER)	·	etion on	/ D = D /	Y I Y I Y I Y	in the State of
5. Covering Period 09	/ DID / Y Y Y 1	through	M M M	30	2014
I certify that I have examined this F	Report and to the best	of my knowledge and	belief it is tru	ie, correct and	l complete.
Type or Print Name of Treasurer	Dr. Paula Pszypko				
Signature of Treasurer Dr. Paulo	ı Pszypko	[Electronica	lly Filed]	Date 10	/ 15 / Y Y Y Y Y Y Y 2014
NOTE: Submission of false, erroneous	s, or incomplete informa	tion may subject the pe	erson signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 09 01 2014 To: 09 30 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	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

	COLUMN A	COLUMN B		
I. Receipts	Total This Period	Calendar Year-to-Date		
11. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	13809.00	128019.00		
(i) Itemized (use Schedule A)				
(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	47070.00	454227.45		
Totals to Line 33, page 5)	. 17678.00	154337.45		
12. Transfers From Affiliated/Other	0.00	0.00		
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	0.00	0.00		
(Dividends, Interest, etc.)		0.00		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(, , ,		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(b) Lovin Fando (nom Conoddo Fio)		7 7 7		
(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		
(======================================		7		

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		
2	Contributions to	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	63000.00	202000.00
24.	Independent Expenditures		
25.	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
٠.	(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		0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	-2125.00
	(c) Other Political Committees		0.00
	(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
	L.	7 7	7 7
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) "Lovin" Shara	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
	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
	Enies 30(a)(i), 30(a)(ii) and 30(b))	3.55	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 Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17678.00	154337.45
4. Total Contribution Refunds (from Line 28(d))	0.00	-2125.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17678.00	156462.45
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	111.90	894.60
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	19420.53
8. Net Operating Expenditures (subtract Line 37 from Line 36)	111.90	-18525.93

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

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	wiete Delitical Action Co.	
/ College of American Patholog	gists Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Brent D Benjamin MD		Date of Receipt
Mailing Address Dept of Path 400 S 43rd St		09 15 2014
City	State Zip Code	Transaction ID : SA11AI.51159
Renton	WA 98055-5714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Valley Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David A Brinker MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
7601 Osler Dr	Ohele 7: 0	09 08 2014
City	State Zip Code	Transaction ID : SA11AI.51146
Towson	MD 21204-7700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
St Joseph Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Dr. Jordan W Eggers MD		Date of Receipt
Mailing Address 38 Woodland Dr		09 15 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.51163
Boyce	LA 71409-9611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Delta Pathology Laboratory LLC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional))	1000.00
	<u>-</u>	
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER:				PAGE	7	OF	25	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ata Balitical Action Committee	
College of American Pathologi	Sis Folitical Action Committee	
Full Name (Last, First, Middle Initial) 1. Dr. Robert Anthony Frazier Jr MD		Date of Receipt
Mailing Address 733 Boush St Ste 200		09 17 2014
City	State Zip Code	Transaction ID : SA11AI.51197
Norfolk	VA 23510-1501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Dominion Pathology Laboratories	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2000	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Alan F Frigy MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
1800 E Lake Shore Dr	State Zin Codo	09 16 2014
City	State Zip Code IL 62521-3810	Transaction ID : SA11AI.51180
Decatur	1- 02021-3010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
St Mary's Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4000.00	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. David L. Gang MD		Date of Receipt
Mailing Address Dept of Path 759 Chestnut St		09 17 2014
City	State Zip Code	Transaction ID : SA11AI.51198
Springfield	MA 01199-1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Baystate Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		3700.00
TOTAL This Period (last page this line numbe	r only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert George Gurdak MD Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hospital Receipt For: Primary Other (specify) Other (specify)	State Zip Code OH 44483-6608 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 09 16 2014 Transaction ID: SA11Al.51181 Amount of Each Receipt this Period 249.00
Full Name (Last, First, Middle Initial) T. Clarke Harding Dr. Mailing Address 2007 Greenbrier Drive City Collinsville FEC ID number of contributing federal political committee. Name of Employer unaffiliated Receipt For: Primary Other (specify) General	State Zip Code IL 62234 C Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 09 17 2014 Transaction ID : SA11AI.51224 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Ernest Neil Holburt MD,MPH Mailing Address Dept of Path Ste 105 25470 Medical Center Dr City Murrieta FEC ID number of contributing federal political committee. Name of Employer Medical Lab Services Medical Group Inc Receipt For: Primary General Other (specify)	State Zip Code CA 92562-4901 C Occupation Pathologist 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 numbe	r only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

City State Zip Code Charlotte NC 28204-2515 FEC ID number of contributing federal political committee. Name of Employer Novant Health Presbyterian Medical Cen Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rebecca L. Johnson MD Mailing Address 4830 W. Kennedy Blvd Ste 690 City State Zip Code Transaction ID: SA11Al.51183 Amount of Each Receipt this Period 250 Date of Receipt Date of Receipt Transaction ID: SA11Al.51140	or for commercial purposes, other than using the	name and address of any political committee to	
A. Dr. John Burnett Holt MD Mailing Address Dept of Path 200 Hawthorne LN City Charlotte NC State Zip Code NC 28204-2515 FEC ID number of contributing federal political committee. Name of Employer Novant Health Presbyterian Medical Cen Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Rebecca L. Johnson MD Mailing Address 4830 W. Kennedy Blvd Ste 690 Date of Receipt M	,	ts Political Action Committee	
B. Dr. Rebecca L. Johnson MD Mailing Address 4830 W. Kennedy Blvd Ste 690 City State Zip Code Transaction ID: SA11AI.51140	A. Dr. John Burnett Holt MD Mailing Address Dept of Path 200 Hawthorne LN City Charlotte FEC ID number of contributing federal political committee. Name of Employer Novant Health Presbyterian Medical Cen Receipt For: Primary General Other (specify) ▼	NC 28204-2515 C Occupation Pathologist Aggregate Year-to-Date ▼	09 16 2014 Transaction ID : SA11AI.51183
FEC ID number of contributing federal political committee. Name of Employer American Board of Pathology Receipt For: Primary General Other (specify) Occupation Pathologist Aggregate Year-to-Date 500.00	American Board of Pathology Receipt For: Primary Other (specify) Mailing Address 4830 W. Kennedy Blvd Ste 69 City Tampa FEC ID number of contributing federal political committee. Name of Employer American Board of Pathology Receipt For: Other (specify) ▼	State Zip Code FL 33609-2571 C Occupation Pathologist Aggregate Year-to-Date ▼	09 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing	C. Dr. Megha G. Joshi MD Mailing Address Dept of Pathology 1 General Street, PO Box 189 City Lawrence FEC ID number of contributing federal political committee. Name of Employer Lawrence General Hosp Receipt For: Primary General	State Zip Code MA 01842-0389 C Occupation Pathologist Aggregate Year-to-Date ▼	09
SUBTOTAL of Receipts This Page (optional)		<u>*</u>	1750.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF

TEMIZED DECENTS		Use separate schedule(s)	(check	only o	ne)					
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 118	a _	11b	\vdash	11c 15	12 16		₁₇
Any information copied from such Reports and State or for commercial purposes, other than using the na			rson for the		rpose o	of soli	iciting	contrib	butio	ns
NAME OF COMMITTEE (In Full)										
College of American Pathologists	Politica	Il Action Committee								
Full Name (Last, First, Middle Initial) Dr. Roger D Klein MD,JD			Date	of R	eceipt					
Mailing Address 27500 Cedar Rd Apt 808			0		15	5 D	/ Y	2014		1
City	State	Zip Code	Tra	nsac	tion ID	: SA	11AI.5	1166		
Beachwood	ОН	44122-1153	Amo	unt of	Each	Rece	ipt thi	s Perio	bc	
FEC ID number of contributing federal political committee.	С				7		7	100	00.00)
Name of Employer	Occupation									
	Pathologist									
	Aggregate	Year-to-Date ▼								
Primary General		1000.00								
Other (specify)		1000.00								
Full Name (Last, First, Middle Initial) 3. Dr. Kathryn Teresa Knight MD			Date	of R	eceipt					
Mailing Address 326 Haddon Ct			M	M	/ D	D /	/ Y	YY	Y	1
City	State	Zip Code	0		0:			2014	-	
Franklin	TN	37067			tion ID Each				nd	
FEC ID number of contributing federal political committee.	С				1	11000	,	_	99.00	
Name of Employer (Occupation		-							
Unaffiliated	athologist									
Possint For:		Year-to-Date ▼								
Primary General	33 -3									
Other (specify) ▼		999.00								
Full Name (Last, First, Middle Initial) Dr Jonathan S Krauss MD			Date	of R	eceipt					
Mailing Address PO Box 12611			M 0	М	/ 2:	3	/ Y	2014	/ = Y	1
City	State	Zip Code			tion ID		11AI.5			4
Augusta	GA	30914-0611	Amo	unt of	Each	Rece	ipt thi	s Perio	od	
FEC ID number of contributing federal political committee.	С				,		7	1	00.00	0
Name of Employer	Occupation									
	Pathologist									
	Aggregate	Year-to-Date ▼								
Primary General		350.00								
Other (specify)		350.00								
SUBTOTAL of Receipts This Page (optional)		•			,		7	209	99.00	
TOTAL This Period (last page this line number onl	ly)				,		7			

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

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	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. John A Laczin MD Mailing Address 1950 Mulsanne Dr		Date of Receipt
		09 25 2014
City	State Zip Code	Transaction ID : SA11AI.51217
Zionsville	IN 46077-9076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Covance Central Lab Svcs	Pathologist	
Receipt For: Primary General Other (consist)	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Alan Levin MD		Date of Receipt
Mailing Address 1701 SE Hillmoor Dr Ste C-	11	09 25 2014
City	State Zip Code	Transaction ID : SA11AI.51219
Port Saint Lucie	FL 34952-7541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	360.00
Name of Employer	Occupation	1
St Lucie Medical Center	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) C. Dr. John C. Moad MD		Date of Receipt
Mailing Address 7835 Paragon Rd		09 15 2014
City Dayton	State Zip Code OH 45459-4021	Transaction ID : SA11AI.51167 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Derm-Path Lab of Central States	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	>	1360.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 12 OF 25 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Stephen A. Ovanessoff MD Date of Receipt Mailing Address 10276 E Bella Vista Dr 2014 City Zip Code State Transaction ID: SA11AI.51211 Scottsdale ΑZ 85258-5720 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Clin-path Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michelle Leigh Ehrlich Powers MD,MBA Date of Receipt Mailing Address Dept of Path 4300 W Memorial Rd 09 06 2014 City State Zip Code Transaction ID: SA11AI.51144 OK Oklahoma City 73120-8304 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Mercy HIth Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Caroline Leilani Valdes MD Date of Receipt Mailing Address 608 W Commercial St 09 07 2014 City Zip Code State Transaction ID: SA11AI.51145 TX Victoria 77901-6302 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Regional Medical Laboratory Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert Brian Wells Sr MD Date of Receipt Mailing Address Dept of Path 1726 S Beckham Ave 2014 08 City Zip Code State Transaction ID: SA11AI.51155 Tyler TX 75701-4465 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Pathology Associates of Tyler Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Jerome S Wilkenfeld MD Date of Receipt Mailing Address PO Box 690685 09 80 2014 City State Zip Code Transaction ID: SA11AI.51156 TX Houston 77269-0685 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation North Cypress Medical Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... 13809.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LIN	FOR LINE NUMBER: PAGE 14 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of th	(s) (check o	only one)				
	Detailed Summary Pag						26
		27		28b	28c	29	30
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)	The and address of any pe	milicar committee	to solicit co	//////////////////////////////////////	HOIII SUOII	COMMIN	
	Political Action Co	mmittoo					
College of American Pathologists	Political Action Co	mmuee					
Full Name (Last, First, Middle Initial)							
^{A.} Sun Trust Bank			Date of	of Disburse	ment		
			M = N			YY	Y
Mailing Address P.O. Box 85024			09	Ō:	3	2014	
City	State Zip Code						
Richmond	VA 23285		Trans	saction ID	: SB21B.51	135	
Purpose of Disbursement							
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Candidate Name		Category/				41	1.90
000		Туре		7	- 7		.00
Office Sought: House Disburse Senate	ment For: Primary Genera						
President	Other (specify)	ıı					
State: District:	Curior (opeony)						
Full Name (Last, First, Middle Initial)							
B. Sun Trust Bank			Date of	of Disburse	ment		
Can Trace Barne			M = M	/ D	D / Y	YY	Y
Mailing Address P.O. Box 85024			09	1	9	2014	
City Richmond	State Zip Code VA 23285		Tran	saction ID	: SB21B.51	136	
Purpose of Disbursement	VA 23205		_				
Suntrust Account Analysis Fee			Amour	nt of Each	Disburseme	nt this I	Period
Candidate Name		Category/	' I -			-	
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Office Sought: House Disburse	ment For:						
Senate	Primary Genera	I					
President	Other (specify) ▼						
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Full Name (Last, First, Middle Initial) C.			Date	of Disburse	mont		
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Purpose of Disbursement			II .				
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Office Sought: House Disburse	ment For:	1,750			,		
Senate	Primary Genera	ıl					
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)				- 7		111	.90
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TOTAL This Period (last page this line number only)					111	.90

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 15 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,		
College of American Pathologists F	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
A. ALAN LOWENTHAL FOR CONGR	RESS		Date of Disbursement
Mailing Address 6380 WILSHIRE BLVD., #1612			09 05 2014
City	State Zip Code		Transaction ID : SB23.51225
LOS ANGELES	CA 90048		Transaction ib . 3523.31223
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate	nent For: 2014 Primary		
State: CA District: 47			
Full Name (Last, First, Middle Initial)			
BEN SASSE FOR US SENATE IN	С		Date of Disbursement
Mailing Address 105 EAST 6TH STREET			09 05 2014
FREMONT	State Zip Code NE 68025		Transaction ID : SB23.51227
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	nent For: 2014 Primary General Other (specify)		
State: NE District: 00 Full Name (Last, First, Middle Initial)			Date of Disharman
BILIRAKIS FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 606			09 24 2014
TARPON SPRINGS	State Zip Code FL 24688		Transaction ID : SB23.51248
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period 1500.00
	ment For: 2014	Туре	1000.00
President	Primary		
State: FL District: 12			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	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	e(s) (check only one)			
	Detailed Summary Page	21b	22 🗙 23 24 25 26		
		27	28a 28b 28c 29 30b		
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NAME OF COMMITTEE (In Full)					
College of American Pathologists P	olitical Action Comm	nittee			
Full Name (Last, First, Middle Initial)					
A. BLUMENAUER FOR CONGRESS			Date of Disbursement		
Mailing Address 830 NE Holladay, #105			09 24 2014		
,	tate Zip Code		Transaction ID : SB23.51249		
· o.nana	OR 97232		Transaction ib . 3b23.31243		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
		Туре	1000.00		
	nent For: 2014 Primary X General				
President	Other (specify) ▼				
State: OR District: 03					
Full Name (Last, First, Middle Initial)	_				
B. BUDDY CARTER FOR CONGRES	SS		Date of Disbursement		
Mailing Address 200 E ST JULIAN ST SUITE 603			09 29 2014		
SAVANNAH	tate Zip Code GA 31401		Transaction ID : SB23.51255		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	2500.00		
	ent For: 2014				
	Primary General				
State: GA District: 01	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. CITIZENS FOR RUSH			Date of Disbursement		
Mailing Address P.O. BOX 7292			09 17 Y Y Y Y Y		
Mailing Address F.O. BOX 7292			00 17 2014		
,	tate Zip Code		Transaction ID : SB23.51243		
Chicago Purpose of Disbursement	IL 60680				
r dipose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1500.00		
Office Sought:	nent For: 2014				
Senate	Primary X General				
	Other (specify) ▼				
State: IL District: 01					
SUBTOTAL of Disbursements This Page (optional)		······	5000.00		
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\setminus	NAME OF COMMITTEE (In Full)								
	College of American Pathologists F	Political	Action Com	mittee					
_	Full Name (Last, First, Middle Initial)				D	D: 1			
Α.		gn Cor	nmittee		M = M	Disburseme	/ Y Y	1 Y 1 Y	
	Mailing Address 430 South Capital Street, SE 2nd Floor				09	05	20	014	
	,	State	Zip Code		Transa	action ID : S	B23 51228		
	Washington	DC	20003		manse	iction ib . o	D23.31220		
	Purpose of Disbursement				Amount	of Each Dis	bursement	this Pe	eriod
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В.	Full Name (Last, First, Middle Initial)				Date of	Disburseme	nt		
٠.	Diana DeGette for Congress				M M	/ D D		Y	
	Mailing Address P O BOX 61337				09	05		014	
	•	State CO	Zip Code 80206		Transa	action ID : S	B23.51229)	
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	Candidate Name				Amount	of Each Dis	bursement	this Pe	eriod
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_	Full Name (Last, First, Middle Initial)				_				
C.	FOLLOW THE NORTH STAR FUN	ID				Disburseme			
	Mailing Address 316 E HENNEPIN AVE				M M	24)14	
	SUITE 201								
	•	State	Zip Code		Transa	action ID : S	B23.51250)	
	MINNEAPOLIS Purpose of Disbursement	MN	55414						
					Amount	of Each Dis	hursement	this Pa	eriod
	Candidate Name			Category/ Type	Amount	or Edon Bio	burdement	2500.0	-
	Office Sought: House Disbursen	nent For:	2014			,	,		
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_	State: District:		OTHER						
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SCHEDULE B (FEC Form 3X)	Hee consists sales de l'	, FOR LINE	-	PAGE 18 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orlin)	•	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten	nents may not be sold or i			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
$ \; angle$ College of American Pathologists F	Political Action Cor	nmittee		
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Full Name (Last, First, Middle Initial)			Date of Disburseme	ont
A. FREEDOM PROJECT; THE				
Mailing Address 320 1ST STREET, SE			09 29	2014
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
City	State Zip Code		Transaction ID : S	SB22 54265
WASHINGTON	DC 20003		Transaction ib . S	5623.31203
Purpose of Disbursement			Amount of Foot Di	ahana ah thia Daviad
Candidate Name			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		5000.00
Office Sought: House Disburser	nent For: 2014	Type		7
Senate	Primary General			
President	Other (specify) ▼			
State: District:	OTHER			
Full Name (Last, First, Middle Initial)				
B. HAGAN FOR US SENATE INC			Date of Disburseme	ent
A4 19			M = M / D = D	/
Mailing Address PO BOX 29103			09 29	2014
City	State Zip Code			
GREENSBORO	NC 27429		Transaction ID:	SB23.51257
Purpose of Disbursement				
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		2000.00
Office Cought: House Bishurson	want Fam. 2011	Туре	7	
	nent For: 2014 Primary X General			
	Primary			
State: NC District: 00	• · · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
C. JACKIE SPEIER FOR CONGRESS	S		Date of Disburseme	ent
			M M / D D	/ Y = Y = Y = Y
Mailing Address PO BOX 112			09 24	2014
City	State Zip Code			
City S BURLINGAME	CA 94011		Transaction ID : S	SB23.51251
Purpose of Disbursement	- 01011			
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		1000.00
		Type		1000.00
	nent For: 2014			
Senate	Primary General			
State: CA District: 14	Other (specify) ▼			
State. On District. 14				
SUBTOTAL of Disbursements This Page (optional)				8000.00
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TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	l.,	, FOR LINE I	NUMBER: PAGE 19 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	' I TOTICON OTTIV	
	Detailed Summary Page		22 🗙 23 24 25 26
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Any information copied from such Reports and Stater	nents may not be sold or	used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nan	ne and address of any pol	itical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
	Dalitiaal Aatian Car	i44	
College of American Pathologists F	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
A. JAIME FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 1614			09 24 2014
0"			
,	State Zip Code		Transaction ID : SB23.51252
RIDGEFIELD	WA 98642		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
		Type	1000.00
Office Sought: House Disburser	ment For: 2014	•	
Senate	Primary		
President	Other (specify)		
State: WA District: 03	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
B. JOHN LEWIS FOR CONGRESS			
Mailian Address D.C. DOV.			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 2323			09 05 2014
Other	21-1- Zin Onda		
City :	State Zip Code GA 30301		Transaction ID: SB23.51230
	GA 30301		
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Purpose of Disbursement			Amount of Fook Dishurasment this Davied
Purpose of Disbursement	33331		Amount of Each Disbursement this Period
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Purpose of Disbursement Candidate Name Office Sought: House Senate Disburser	nent For: 2014 Primary X General		
Purpose of Disbursement Candidate Name Office Sought:	nent For: 2014 Primary X General		
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Purpose of Disbursement Candidate Name Office Sought:	ment For: 2014 Primary General Other (specify) State Zip Code CT 61261 ment For: 2014 Primary General	Type Category/	Date of Disbursement M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)					
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NAME OF COMMITTEE (In Full)					
College of American Pathologists	Political Action Com	mittee			
Full Name (Last, First, Middle Initial)					
A. LEE TERRY FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. Box 540098			09 05 2014		
City	State Zip Code		Transaction ID : SB23.51232		
Omaha	NE 68154		Transaction ib . Obzo.51252		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1500.00		
	ment For: 2014				
Senate President	Primary General				
State: NE District: 02	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. LOUISE SLAUGHTER RE-ELECT	TION COMMITTEE		Date of Disbursement		
Mailing Address P.O. BOX 730			09 17 2014		
City HONEOYE	State Zip Code NY 14471		Transaction ID : SB23.51244		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
	ment For: 2014				
Senate	Primary General				
State: NY District: 25	Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. MOONEY FOR CONGRESS			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address P.O. BOX 1863			09 29 2014		
City	State Zip Code		Transaction ID : SB23.51260		
MARTINSBURG Purpose of Disbursement	WV 25402				
Turpose of Disbursement			Amount of Fook Diskursoment this Device		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2500.00		
Office Sought:	ment For: 2014	- 7 -			
Senate	Primary General				
President	Other (specify) ▼				
State: WV District: 02					
SUBTOTAL of Disbursements This Page (optional).		······• >	5000.00		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Amount of Each Disbursement Candidate Name Office Sought: House Senate President State: District Cally State Zip Code (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Cally Mashing Address 320 FIRST STREET Cally State Zip Code (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Cally Mashing Address 320 FIRST STREET Cally Mashing Address 320 First Street Candidate Name Office Sought: House Senate President State: District Candidate Name Office Sought: House Senate President State: District Cardidate Name Category/ Office Sought: House Disbursement For: 2014 Amount of Each Disbursement Tibs Period Category/ Transaction ID: SB23.51242 Amount of Each Disbursement Category/ Transaction ID: SB23.51242 Amount of Each Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Transaction ID: SB23.51242 Amount of Each Disbursement Disbursement For: 2014 Amount of Each Disbursement Date of Disbursement Transaction ID: SB23.51245 Transaction ID: SB23.51245 Amount of Each Disbursement Tibs Period Amount of Each Disbursement Date of Disbur	IT	EMIZED DISBURSEMENTS			e(s) (check only one)					
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. MORAN FOR KANSAS Mailing Address P.O. BOX 1151 City HAYS Furpose of Disbursement Candidate Name Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City WASHINGTON Office Sought: Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City Office Sought: Full Name (Last, First, Middle Initial) Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Transaction ID: SB23.51242 Amount of Each Disbursement Category/ Type Transaction ID: SB23.51242 Amount of Each Disbursement Date of Disbursement Office Sought: Full Name (Last, First, Middle Initial) Coffice Sought: Full Name (Last, First, Middle Initial) Mailing Address 120 First STREET City ALEXANDRIA VA 22314 Purpose of Disbursement Candidate Name City Office Sought: City Office Sought: City City State City Office Sought: City City Category/ Office Sought:	_									
College of American Pathologists Political Action Committee Full Name (Lest, First, Middle Initial) A. MORAN FOR KANSAS Mailing Address P.O. BOX 1151 City State Zip Code KS 67601 Purpose of Disbursement Candidate Name Category/ Type Office Sought: Prinsipher South Committee President State Disbursement For: 2014 Ralling Address 320 FIRST STREET City State Zip Code Disbursement Candidate Name Category/ Type Transaction ID : S823.51233 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : S823.51233 Category/ Type Transaction ID : S823.51233 Transaction ID : S823.51233 Category/ Type Transaction ID : S823.51242 Amount of Each Disbursement Date of Disbursement Date of Disbursement Transaction ID : S823.51242 Amount of Each Disbursement Transaction ID : S823.51242 Transaction ID : S823.51242 Amount of Each Disbursement Date of Disbursement Transaction ID : S823.51242 Transaction ID : S823.51242 Amount of Each Disbursement Date of Disbursement Date of Disbursement Transaction ID : S823.51245 Amount of Each Disbursement Category/ Type Transaction ID : S823.51245 Transaction ID : S823.51245 Amount of Each Disbursement Date of Disbursement Category/ Type Office Sought: State Zip Code VA 22314 Purpose of Disbursement Category/ Type Office Sought: State Zip Code VA 22314 Purpose of Disbursement Category/ Type Transaction ID : S823.51245 Transaction ID : S823.51245 Amount of Each Disbursement Ibis Period Category/ Type Transaction ID : S823.51245										
Full Name (Last, First, Middle Initial) A. MORAN FOR KANSAS Mailing Address P.O. BOX 1151 City State Zip Code KS 67601 Purpose of Disbursement Candidate Name Category/ Type Disbursement For: 2014 President Primary Other (specify) ▼ State Xip Code KS 67601 Transaction ID : SB23.51233 Amount of Each Disbursement this Period 1000,00 Office Sought: House Disbursement For: 2014 President Primary Other (specify) ▼ State Zip Code Disbursement Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City State Zip Code DC 20003 Purpose of Disbursement Candidate Name Category/ Type Transaction ID : SB23.51242 Amount of Each Disbursement this Period 10000.00 Transaction ID : SB23.51242 Transaction ID : SB23.51242 Transaction ID : SB23.51242 Transaction ID : SB23.51242 Amount of Each Disbursement this Period 10000.00 Type 10000.00 Transaction ID : SB23.51242 Transaction ID : SB23.51242 Transaction ID : SB23.51242 Amount of Each Disbursement this Period 10000.00 Transaction ID : SB23.51245 Amount of Each Disbursement this Period 1000.00 Category/ Type 10000.00 Transaction ID : SB23.51245 Amount of Each Disbursement this Period 1000.00 Category/ Type 10000.00		NAME OF COMMITTEE (In Full)								
A. MORAN FOR KANSAS Mailing Address P.O. BOX 1151 City		College of American Pathologists F	Political	Action Com	mittee					
Mailing Address P.O. BOX 1151 City	_	,				_				
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College of American Pathologists	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. NORTHSTAR LEADERSHIP PAG			Date of Disbursemen	nt
Mailing Address PO BOX 28754			09 17	2014
City	State Zip Code		Transaction ID : SI	323 51246
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Full Name (Last, First, Middle Initial)				
B. PASCRELL FOR CONGRESS			Date of Disbursemer	nt
Mailing Address P.O. BOX 100			09 05	2014
City	State Zip Code		Transaction ID : S	B23.51234
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Mailing Address PO BOX 94886			09 29	2014
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NORTH LITTLE ROCK	AR 72190		Transaction ID : Si	B23.51262
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College of American Pathologists F	Political	Action Com	mittee								
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A. PAUL TONKO FOR CONGRESS				Date of Disbursement							
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	Mailing Address PO BOX 1400							1	05			y = y 2014	■ Y	
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NAME OF COMMITTEE (In Full)								
$\Big angle$ College of American Pathologists P	Political Action Comm	nittee						
Full Name (Last, First, Middle Initial)								
A. STUTZMAN FOR CONGRESS			Date of Disbursement M					
Mailing Address PO BOX 129								
City	State Zip Code		Transaction ID - CD22 F42F2					
HOWE	IN 46746		Transaction ID : SB23.51253					
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B. WELCH FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 1682			09 17 2014					
	State Zip Code VT 05402		Transaction ID : SB23.51247					
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