Image# 13961660768		<u>.</u>		PAGE 1 / 25
	PORT OF REC D DISBURSE	MENTS		
1. NAME OF TYP	E OR PRINT V Ex	ample: If typing, type	Office Us	se Only
COMMITTEE (in full)		er the lines.	12FE4M5	
College of American Path	ologists Political Action			
ADDRESS (number and street)	350 I Street, NW			
Check if different	uite 590			
then providually	/ashington		DC 20005	
2. FEC IDENTIFICATION NUMB	ER V CITY	S		ZIP CODE
C C00274944	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20 (M3		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	× Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election on	M = M / D = D /	Y = Y = Y = Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2013	through 03	/ D D / Y Y 31 201	Y Y 3
I certify that I have examined this Re	eport and to the best of my kno	wledge and belief it is true	e, correct and complet	e.
Type or Print Name of Treasurer	r. Renee R. Ellerbroek			
Signature of Treasurer	R. Ellerbroek	[Electronically Filed]	ate 04 / 18	D / Y Y Y Y 2013
NOTE: Submission of false, erroneous,	or incomplete information may s	ubject the person signing th	is Report to the penaltie	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X ev. 12/2004

04/18/2013 16 : 32

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	8 / D D / Y Y Y Y Y 2013 T	b: 03 / 0 D / Y Y Y Y Y 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		450695.89
	(b) Cash on Hand at Beginning of Reporting Period	437825.09	
	(c) Total Receipts (from Line 19)	33370.00	75196.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	471195.09	525891.89
7.	Total Disbursements (from Line 31)	24580.40	79277.20
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	446614.69	446614.69
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

X

Г	DETAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
College of American Patholog	ists Political Action Committee	
Report Covering the Period: From:	M m / D m / Y m	To: 03 / D D / Y Y Y Y 31 2013
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)	28900.00	57899.00
(ii) Unitemized	4470.00	17297.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	> 33370.00	75196.00
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		
(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)	> 33370.00	75196.00
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
TS. All Loans Received		7 7 7
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin		0.00
(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(l	b)) 0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	► 33370.00	75196.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	> 33370.00	75196.00

Image# 13961660770

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	80.40	277.20
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	80.40	277.20
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	24500.00	79000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	0.00
(use Schedule F)		
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24580.40	79277.20
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24580.40	79277.20
· · · · · · · · · · · · · · · · · · ·	/7	

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures						
 Total Contributions (other than loans) (from Line 11(d), page 3) 	33370.00	75196.00				
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33370.00	75196.00				
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	80.40	277.20				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	80.40	277.20				

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

(check only one)

PAGE 6 OF

		Detailed Summary Page		11a		11b	11c	12	 _,
Any information copied from such Reports an	d Statements ma	ay not be sold or used by any p	person fo	13 or the	purp	14 pose of	15 soliciting	16 contribu	tions
or for commercial purposes, other than using	the name and a	ddress of any political committe	e to sol	icit co	ntrib	utions fr	rom suc	h commit	tee.
NAME OF COMMITTEE (In Full) College of American Patholog	gists Politica	al Action Committee							
Full Name (Last, First, Middle Initial) Dr. Sarah Muntzing Bean MD				Date of	f Re	ceipt			
Mailing Address 3501 Pony Soldier Dr				м м 03	/	D D 21	/ Y	ү ү 2013	Y
City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	48726	
Apex	NC	27539-6899	A	moun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					,	y	500	.00
Name of Employer	Occupation								
Duke Univ Hosp & Health System	Pathologist								
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify)		500.00]						
Full Name (Last, First, Middle Initial) Dr. Thomas Parker Buck MD				Date of	f Re	ceipt			
Mailing Address 17 Green Briar				м м 03	/	21	/ Y	y y 2013	Y
City	State	Zip Code		Trans	acti	on ID : S	SA11AI.	48728	
Glastonbury	СТ	06033-1469	A	moun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					7		250	.00
Name of Employer Beth Israel Deaconess Med Ctr	Occupation Pathologist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) Dr. Jeffrey D Cao MD				Date of	f Re	ceipt			
Mailing Address Dept of Path AH 301 11021 Campus St				м м 03	1	D D 21	/ Y	ү ү 2013	Y
City	State CA	Zip Code				ion ID :			
Loma Linda	CA	92350	A	moun	t of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					,	9	500	0.00
Name of Employer	Occupation		\neg						
Loma Linda Univ Med Ctr	Pathologist								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		500.00]						
SUBTOTAL of Receipts This Page (optional)				-	-	7	7	1250	.00

SCHEDULE A (FEC Form 3X) _ _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

IТ	EMIZED RECEIPTS		Use separate schedule(s)				(check only one)								
11			for each category of the Detailed Summary Page		1 1a		11b	11c	12	Г					
	ny information copied from such Reports and for commercial purposes, other than using t									butio					
	NAME OF COMMITTEE (In Full)									intec					
$\left \right\rangle$	College of American Pathologi	sts Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr. Desiree A Carlson MD				Date of	Re	ceipt								
	Mailing Address Chief of Pathology 680 Centre St			03 / D D / Y Y Y Y 25 2013											
	City Brockton	State MA	Zip Code 02302-3308					SA11AI. eceipt th		od					
	FEC ID number of contributing federal political committee.	С					7			00.0	D				
	Name of Employer Signature Healthcare Brockton Hosp	Occupation Pathologist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00												
в.	Full Name (Last, First, Middle Initial) Dr. Fernando Ramon De Castro M	D			Date of	Re	ceipt								
	Mailing Address 250 Fountain Ct				м м 03	/	25	/ Y	2013		1				
	City	State KY	Zip Code					SA11AI.							
	Lexington	Κĭ	40509-1888	_	Amount	of	Each R	eceipt th	is Peri	od					
	FEC ID number of contributing federal political committee.	С				_	,		2	50.00)				
	Name of Employer Dermatopathology Reference Lab	Occupation Pathologist													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		, 250.00												
с.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Gaston Detweiler MD)			Date of	Re	ceipt								
	Mailing Address 6100 Harris Pkwy				м м 03	/	25	/ Y	2013]				
	City Fort Worth	State TX	Zip Code 76132-4101	_				SA11AI. eceipt th		od					
	FEC ID number of contributing federal political committee.	С					7		3	00.0	0				
	Name of Employer	Occupation													
	Texas Health Southwest	Pathologist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
s	UBTOTAL of Receipts This Page (optional)			•					30	50.00)				
Т	OTAL This Period (last page this line numbe	r only)	······	•						-					

SCHEDULE A (FEC Form 3X) _ _ _ _ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

	Use separate schedule(s)					(check only one)							
IILIVIIZED NEVEIFIJ		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12		17			
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and a	I ay not be sold or used by any p Iddress of any political committee	erson fo e to soli	or the	pur ntrib	pose of	soliciting	g contril	outio	ns			
NAME OF COMMITTEE (In Full) College of American Pathologie	sts Politica	al Action Committee											
Full Name (Last, First, Middle Initial) A. Dr. Rosemary E. Detweiler MD				ate of	f Re	eceipt							
Mailing Address Department of Pathology 6100 Harris Pkwy				м м 03	/	D D D	/ Y	2013]			
City Fort Worth	State TX	Zip Code 76132-4101					SA11AI. eceipt th		bc				
FEC ID number of contributing federal political committee.	С					,		3	00.00)			
Name of Employer Texas Health Southwest	Occupation Pathologist												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1										
Full Name (Last, First, Middle Initial) B. Dr. Craig A Dise MD,PhD			D	ate of	f Re	eceipt							
Mailing Address Dept of Path 100 Madison Ave	Ctoto	Zin Code	41	м м 03	/	25		2013	Y]			
City Morristown	State NJ	Zip Code 07960-6136					SA11AI. eceipt th		bc				
FEC ID number of contributing federal political committee.	С								00.00)			
Name of Employer Morristown Mem Hosp	Occupation Pathologist												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
Full Name (Last, First, Middle Initial) C. Dr. Jessica Lynn Dodge MD				ate of	f Re	eceipt							
Mailing Address 50 Locust Ave				м м 03	/	25	/ Y	2013	Y	1			
City Danbury	State CT	Zip Code 06810-6147					SA11AI. eceipt th		od				
FEC ID number of contributing federal political committee.	С					,		5	00.00	D			
Name of Employer	Occupation	l											
Danbury Hospital Receipt For:	Pathologist		_										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
SUBTOTAL of Receipts This Page (optional)				-		7 7		180	00.00				

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

IT.			(ch											
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12	Г	17			
	ny information copied from such Reports and S for commercial purposes, other than using the									ibutio				
<u>,</u>	NAME OF COMMITTEE (In Full)													
	College of American Pathologis	ts Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr. Janet R Durham MD				Date of	Re	ceipt							
	Mailing Address Great Lakes Pathologists SC 8901 W Lincoln Ave			03 01 2013										
	City West Allis	State WI	Zip Code 53227-2409	Transaction ID : SA11AI.4869 Amount of Each Receipt this Po										
	FEC ID number of contributing federal political committee.	С					7			00.0	0			
	Name of Employer Aurora Health ACL Labs	Occupation Pathologist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name (Last, First, Middle Initial) Dr. Edward P Fody MD				Date of	Re	ceipt							
	Mailing Address Lab 602 Michigan Ave				м м 03	/	25	/ Y	2013		1			
	City Holland	State MI	Zip Code 49423-4918					SA11AI.4 eceipt th		iod				
	FEC ID number of contributing federal political committee.	С					5			00.00	0			
	Name of Employer Holland Hospital	Occupation Pathologist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		1000.00											
С.	Full Name (Last, First, Middle Initial) Dr. C. Elliott Foucar MD				Date of	Re	ceipt							
	Mailing Address 14029 Wind Mountain Rd NE				м м 03	/	25	/ Y	2013					
	City Albuquerque	State NM	Zip Code 87112-6564					SA11AI. eceipt th		iod				
	FEC ID number of contributing federal political committee.	С					7	- 7	2	250.0	0			
	Name of Employer	Occupation												
	Massachusetts General Hospital Receipt For:	Pathologist		_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00											
s	UBTOTAL of Receipts This Page (optional)		••••••	•					22	50.00)			
Т	OTAL This Period (last page this line number	only)		- •										

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

(check only one)

PAGE 10 OF

			Detailed Summary Page		-		11b	11c	12						
An	y information copied from such Reports and S	Statements ma	y not be sold or used by any	Derson f	13 or the	pur	14 pose of	15 soliciting	16 g contribu	17 tions					
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	licit cor	ntrib	outions f	rom sucl	n commit	tee.					
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologis	sts Politica	al Action Committee												
	Full Name (Last, First, Middle Initial) Dr. Wayne Lee Garrett DO		Date of Receipt												
	Mailing Address 96 Museum Way			03 22 2013 Transaction ID : SA11AI.48754											
	City	State CA	Zip Code												
	San Francisco	CA	94114-1428	/	Amount	t of	Each R	eceipt th	is Period						
	FEC ID number of contributing federal political committee.	С					7		1500	0.00					
	Name of Employer	Occupation													
	West Coast Pathology Labs	Pathologist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00												
	Full Name (Last, First, Middle Initial) Dr. Gary A Gochman MD				Date of	f Re	eceipt								
	Mailing Address Lab 9333 E Imperial Hwy				м м 03	1	25	/ Y	y y 2013	Y					
	City	State	Zip Code					SA11AL							
	Downey	CA	90242-2812	′	Amount	t of	Each R	eceipt th	is Period						
	FEC ID number of contributing federal political committee.					7		250	.00						
	Name of Employer Kaiser Downey Medical Center	Occupation Pathologist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
с.	Full Name (Last, First, Middle Initial) Dr. C Joyce Greathouse MD				Date of	f Re	eceipt								
	Mailing Address 760 Airport Rd				м м 03	1	25	/ Y	ү ү 2013	Y					
	City Panama City	State FL	Zip Code 32405-4003					SA11AI.							
	FEC ID number of contributing	C	32403-4003	/	Amount	t of	Each R	eceipt th	iis Period 500	0.00					
	federal political committee.						7	7							
	Name of Employer	Occupation													
	Bay Pathology Associates Receipt For:	Pathologist													
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		500.00												
S	UBTOTAL of Receipts This Page (optional)						5		2250	.00					
т	OTAL This Period (last page this line number	only)					7								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

			Use separate schedule(s)	(ch							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11		11c 15	12	Г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the	purpos	se of s	soliciting	contrib		ns
$\left\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	s Politica	I Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr. Robert G Huber MD				Date of	Recei	pt				
	Mailing Address 2504 Serravalle St NW				м м 03	/	21	/ Y	2013		1
	City Uniontown	State OH	Zip Code 44685-5727		Trans		ID : S	SA11AI.	48735		
	FEC ID number of contributing federal political committee.	С				- 7		- 7	50	00.00)
	Name of Employer UW Cancer Ctr	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Dr. Mark D Kolins MD Mailing Address 3601 W 13 Mile Rd				Date of	Recei	pt				_
	City	State	Zip Code	_	03 Trans	action	21 ID:S	5A11AI.4	2013 48737	Y	
Royal Oak MI			48073-6712		Amount	of Ea	ch Re	eceipt th	is Peric	bd	
	FEC ID number of contributing federal political committee.	С							50	00.00)
	Name of Employer Beaumont Health System	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stephen R Lyle MD,PhD				Date of	Recei	pt				
	Mailing Address 156 Walnut St				м м 03	1	18	/ Y	ү 2013	Y	1
	City Wellesley	State MA	Zip Code 02481-3335					SA11AL		nd	
	FEC ID number of contributing federal political committee.	С				- 1				00.00	D
	Name of Employer	Occupation									
	UMASS Mem Med Ctr Lab	Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
s	UBTOTAL of Receipts This Page (optional)					- 1		-	150	00.00	
т	OTAL This Period (last page this line number of	only)		•		,					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

ترجا			Use separate schedule(s)	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		ſ		
	ny information copied from such Reports and S for commercial purposes, other than using the									ributio		
	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	College of American Pathologis	ts Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr. Karla K. Murphy MD				Date of	f Re	ceipt					
	Mailing Address Plaza 3				M M	/		/ Y	Y			
	1315 S Cliff Ave Ste 4100 City	State	Zip Code		03 Trans	acti	21 on ID :	SA11AI.	201: 48738			
	Sioux Falls	SD	57105					eceipt th				
	FEC ID number of contributing federal political committee.	С					9	,	1(000.0	0	
	Name of Employer	Occupation										
	Physicians Laboratory Ltd	Pathologist										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1000.00									
в.	Full Name (Last, First, Middle Initial) Dr. Steven P. Olson MD				Date of	f Re	ceipt					
	Mailing Address 1315 S Cliff Ave Ste 4100				м м 03	/	25	/ Y	y 2013			
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	48787		_	
	Sioux Falls	SD	57105-1015	_	Amount	t of	Each R	eceipt th	is Per	iod		
	FEC ID number of contributing federal political committee.	С					7		5	500.0	0	
	Name of Employer Physicians Laboratory Ltd	Occupation Pathologist										
	Receipt For:	-	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Christine F. Piller MD				Date of	f Re	ceipt					
	Mailing Address 920 Church St N				м м 03	/	21	/ Y	2013			
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI	-			
	Concord	NC	28025-2927		Amount	t of	Each R	eceipt th	nis Per	iod		
	FEC ID number of contributing federal political committee.	С					9			250.0	00	
	Name of Employer	Occupation										
	CMC - Northest Med Ctr	Pathologist										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)			•			7		17	750.0	0	
т	OTAL This Period (last page this line number	only)		•			7	- 7				

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

(check only one)

PAGE 13 OF

			Detailed Summary Page		11a 13		11b	11c		12 16	17
Ar	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p	erson fo	or the	pur	pose of	soliciting	g con	ntributi	ons
	NAME OF COMMITTEE (In Full)			5 10 501			,au0115 11	on such	1 001	·······	
\rangle	College of American Pathologis	ts Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Laurence Randell Jr MD			C	Date of	f Re	eceipt				
	Mailing Address 491 Sylvan Dr				м м 03	/	D D D	/ Y)13	Y
	City	State	Zip Code		Trans	act	ion ID : S	SA11AI.	4874	11	
	Winter Park	FL	32789-3974	A	mount	t of	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	500.	00
	Name of Employer	Occupation									
	Florida Hospital Orlando Receipt For:	Pathologist		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
B.	Full Name (Last, First, Middle Initial) Dr. Dennis D Reinke MD				Date of	f Re	eceipt				
	Mailing Address 1107 Brooke Ave				м м 03	/	25	/ Y	20 ⁻		Y
	City	State	Zip Code		Trans	acti	ion ID : S	SA11AL	<u>4878</u>	8	
	Wichita Falls	ТХ	76301-5608	A	mount	t of	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	,	_	1000.0	00
	Name of Employer Pathology Associates	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
C.	Full Name (Last, First, Middle Initial) Dr. Beverly B Rogers MD				Date of	f Re	eceipt				
	Mailing Address 1001 Johnson Ferry Rd NE				м м 03	/	25	/ Y	20	ү 13	Y
	City Atlanta	State GA	Zip Code 30342-1605	A			ion ID : S Each Re				
	FEC ID number of contributing federal political committee.	С					7		_	250.	00
	Name of Employer	Occupation		_							
	Children's Healthcare of Atlanta at Sc	Pathologist									
	Receipt For:	-	Year-to-Date ▼								
	Primary General	33 - 3		11							
	Other (specify)	L	250.00	1							
s	UBTOTAL of Receipts This Page (optional))				5	- 7	-	1750.0	00
Т	OTAL This Period (last page this line number	only)	······				7				_

SCHEDULE A (FEC Form 3X) -----

FOR LINE NUMBER:

PAGE 14 OF

			Use separate schedule(s)	(che	eck only	y or	ne)	L			
			for each category of the Detailed Summary Page		11a 13		11b	11c	12	Г	17
Any informatio or for commer	n copied from such Reports and cial purposes, other than using t	I Statements ma the name and a	l ay not be sold or used by any po ddress of any political committee	erson f e to so	for the	pur ntrib	pose of	soliciting	g contril	butio	ns
1	COMMITTEE (In Full) of American Patholog	ists Politica	al Action Committee								
	(Last, First, Middle Initial) cia R Romano MD				Date of	f Re	ceipt				
Mailing Add	dress Brooklyn Navy Yard 63 Flushing Ave Unit 292				м м 03	/	D D D 21	/ Y	2013]
City Brooklyn		State NY	Zip Code 11205-1079					SA11AI. eceipt th		od	
	mber of contributing tical committee.	С					9		5	00.0	0
	al Laboratory Inc	Occupation Pathologist									
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 500.00								
B. Dr. John	(Last, First, Middle Initial) W Skinner MD				Date of	f Re	ceipt				
City	dress 124 Woodlands Dr	State	Zip Code		03 T		25		2013]
Falmouth		ME	04105-1191					SA11AI. eceipt th		od	
	mber of contributing tical committee.	С					7	7		50.00)
Name of E Unaffiliated	mployer	Occupation Pathologist									
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 250.00]							
	(Last, First, Middle Initial) iel D Slagel MD				Date of	f Re	ceipt				
	dress Path Associates 250 Mercy Dr G231	-			м м 03	/	22	/ Y	2013]
City Dubuque		State IA	Zip Code 52004-0731					SA11AI. eceipt th		od	
	mber of contributing tical committee.	С					7		5	00.0	0
Name of E	mployer	Occupation									
United Clini Receipt For	ical Laboratories	Pathologist		_							
Prima		Aggregate	Year-to-Date ▼ 500.00								
	of Receipts This Page (optional). Period (last page this line numbe			• •		-	7		125	50.00)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 13	11b 14	11c 15	12 16	
	y information copied from such Reports and St for commercial purposes, other than using the							
$\Big\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	s Politica	al Action Committee					
Α.	Full Name (Last, First, Middle Initial) Dr. Robert George Stallings MD Mailing Address 162 Dogwood Ln			 Date of	Receipt	у / т	Y Y	Y Y
	City Rutherfordton	State NC	Zip Code 28139-3222		22 action ID : of Each F	SA11AI		
	FEC ID number of contributing federal political committee.	С			,			50.00
	Name of Employer Rutherford Hosp Inc Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate						
В.	Full Name (Last, First, Middle Initial) Dr. Craig Allen Storm MD Mailing Address 8 Stage Coach Rd			 Date of	/ D I	y / 4	Y	(• Y
	City Lebanon FEC ID number of contributing federal political committee.	State NH	Zip Code 03766-2309		21 Inction ID : of Each F		nis Peri	od 50.00
	Name of Employer Dartmouth-Hitchcock Medical Center	Occupation Pathologist			,	,		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
с.	Full Name (Last, First, Middle Initial) Mrs. Marion Swerdlow			Date of	Receipt			
	Mailing Address 16 Ridge Rd			м м 03	/ D 21		2013	Ý
	City Highland Park	State IL	Zip Code 60035		action ID : of Each F			od
	FEC ID number of contributing federal political committee.	С					3	00.00
	Name of Employer	Occupation	1					
	Unaffiliated	Pathologist	t					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00					
	UBTOTAL of Receipts This Page (optional)					7	80	00.00

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

(check only one)

PAGE 16 OF

		Detailed Summary Page	×	11a		11b	11c	12	Г	47
Any information copied from such Reports and	Statements ma	I ay not be sold or used by any p	erson f	13 or the	pur	14 Dose of	15 soliciting	contrib	utior	17 15
or for commercial purposes, other than using th										
College of American Pathologis	sts Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Dr. L Brent Talbott MD			[Date of	Re	ceipt				
Mailing Address 3445 Executive Ctr Dr Ste 25	50			м м 03	/	18	/ Y	2013	Y	1
City	State	Zip Code			acti		SA11AI.4		-	
Austin	ТХ	78731					eceipt thi		d	
FEC ID number of contributing federal political committee.	С					,		50	0.00)
Name of Employer	Occupation									
Clinical Pathology Associates Receipt For:	Pathologist		_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) B. Dr. Richard W Trepeta MD	1		[Date of	Re	ceipt				
Mailing Address Dept of Path 350 W Thomas Rd				M M	/		/ Y	Y Y	Y	1
City	State	Zip Code		03 Trans	acti	14 on ID · 9	SA11AI.4	2013	-	
Phoenix	AZ	85013-4409	ļ				eceipt thi		d	
FEC ID number of contributing					-					-
federal political committee.	С			_	-	9	7	100	0.00	
Name of Employer	Occupation	l								
St Josephs Hosp and Med Ctr	Pathologist									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		1000.00								
		3	<u> </u>							
Full Name (Last, First, Middle Initial) C. Dr. Emily Ellen Volk MD			[Date of	Re	ceipt				
Mailing Address 1150 Brussels St				м м 03	/	0 01	/ Y	2013	Y	1
City	State	Zip Code			acti		SA11AI.4			
San Antonio	ТХ	78219-3106	ļ	Amount	t of	Each R	eceipt thi	s Perio	d	
FEC ID number of contributing federal political committee.	С					,		500	00.00)
Name of Employer	Occupation	1	-							
Baptist Medical Center	Pathologist									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11							
Other (specify)		5000.00								
SUBTOTAL of Receipts This Page (optional)			•					650	0.00	
TOTAL This Period (last page this line number	only)	·····								

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

•••	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a] 11b	» [11c		12		
			, ,		13		14		15		16		17
or	y information copied from such Reports and St for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
	College of American Pathologist	is Politica	ai Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr. Gary B. Witkin MD				Date of	Re	ceip	ot					
	Mailing Address Dept of Pathology				M M	/	D		/ [Y	Y	
	4755 Ogletown-Stanton Rd City	State	Zip Code	4	03		L	21			013		
	Newark	DE	19718-0001						SA11A eceipt t				
	FEC ID number of contributing federal political committee.	С			anoun		La0				250	.00	
	Name of Employer	Occupation		-									
	Christiana Hosp	Pathologist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
	Full Name (Last, First, Middle Initial) Dr Sherry L Woodhouse MD				Date of	Re	ceip	ot					
	Mailing Address 1440 Coral Ridge Dr # 296				м м 03	/	D	22	/		ү 013	Y	
	City	State	Zip Code		Trans	acti	on l	ID : \$	SA11A	.487	67		
	Coral Springs	FL	33071-5433	/	Amoun	t of	Eac	h R	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С				_	,				1000	.00	
	Name of Employer Pathology Consultants of S Broward	Occupation Pathologist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
	Full Name (Last, First, Middle Initial) Dr. Louis D Wright Jr MD				Date of	Re	eceip	ot					
	Mailing Address PO Box 998				м м 03	1	D	13) 13	Y	
	City	State	Zip Code		Trans	acti	ion	ID :	SA11A	1.487	11		
	Charleston	SC	29402-0998	A	Amoun	t of	Eac	h R	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С					,		,		1000	0.00	
	Name of Employer	Occupation		-									
	Path Svcs Assoc LLC	Pathologist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		4000.00										
	Other (specify)		1000.00										
⊢	UBTOTAL of Receipts This Page (optional)		· ·			-	7	-	- 7	-	2250	.00	

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

(check only one)

PAGE 18 OF

		Detailed Summary Page		11a		11b	11c	1	2	
				13		14	15	1	6	17
Any information copied from such Reports or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full)										
College of American Patho	logists Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Dr. Louis J Zinterhofer MD			Da	ate of	Re	ceipt				
Mailing Address Dept of Path			N	1 = M	/	DD	/ Y	Y		Y
300 2nd Ave	State	Zip Code		03		28 on ID : \$	201101	201		_
Long Branch	NJ	07740-6303				Each Re				
FEC ID number of contributing federal political committee.	С			louin	01	,	,		500.0	00
Name of Employer	Occupation	1								
Monmouth Med Ctr	Pathologist									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		2500.00	11							
Other (specify)		2300.00								
Full Name (Last, First, Middle Initial) B.			Da	ate of	Re	ceint				
Mailing Address					/		/ Y	Y	Y	Y
					Ľ		, 1			
City	State	Zip Code	An	nount	of	Each Re	eceipt th	is Pe	riod	
FEC ID number of contributing federal political committee.	C					7		_	-	
Name of Employer	Occupation	1								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	Aggregate		1.1							
Other (specify)		<u>, , , , , , , , , , , , , , , , , , , </u>								
Full Name (Last, First, Middle Initial)				ate of	Ro	coint				
Mailing Address					/		/ Y	Y	Y	Y
City	State	Zip Code								
FEC ID number of contributing federal political committee.	С			nount	U	Each Re	eceipt in	is Pei	IOU	
Name of Employer	Occupation	1								
Receipt For:	A	Veer te Dete 🗮								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		7 7								
								2!	500.0	00
SUBTOTAL of Receipts This Page (optic	naı)					7				
TOTAL This Period (last page this line n	umber only)					7		289	900.0	00

SC	CHEDULE B (FEC Form 3X)			F	OR	LINE M	NUI	MBER:				PAG	E 19	OF	25
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		hec	k only		e)		00		<u>л</u> г	05		1 06
			Summary Page			21b 27	-	22 28a		23 28b	2	4 8c	25 29	-	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name														3
\backslash	NAME OF COMMITTEE (In Full)			• · · ·											
	College of American Pathologists F	Political /	Action Comr	nitte	e										
-	Full Name (Last, First, Middle Initial)						г	Date of		bureo	mont				
~ .	Sun Trust Bank									D		Y	Y Y	Y	
	Mailing Address P.O. Box 85024							03		0		Ľ	2013		
	5	State	Zip Code					Trans	acti	on ID	: SB2	1B.48	3800		
	Richmond Purpose of Disbursement	VA	23285												
	Suntrust Moneris ACH Fee			—			A	Amount	t of	Each	Disbu	seme	ent this	Perio	bc
	Candidate Name			Cate T	egoi ype	ry/				, .		,	4	1.90	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General Sify) ▼												
	State: District:														
в.	Full Name (Last, First, Middle Initial) Sun Trust Bank						[Date of	f Dis	sburse	ment				
	Mailing Address P.O. Box 85024							м м 03	/	2	D / 0	Y	y y 2013	Y	
	City S Richmond	State VA	Zip Code 23285					Trans	acti	ion ID	: SB2	1B.4	8801		
	Purpose of Disbursement Suntrust Account Analysis Fee			-	-		,	Amount	• of	Fooh	Diebu		ent this	Dori	ad
	Candidate Name			Cate	egoi ype		-	Amouni		Lacii	DISDU	501110		8.50	Ju
		nent For: Primary Other (spec	General cify) ▼												
	State: District:														
C.	Full Name (Last, First, Middle Initial)						C	Date of	Dis						
	Mailing Address							M = M	/	D	0 /	Ŷ	ΥΥ	Y	
	City	State	Zip Code												
	Purpose of Disbursement			_											
	Candidate Name			Cate T	egoi ype	ry/	A	Amount	t of	Each	Disbu	rseme	ent this	Perio	bc
	President	nent For: Primary Other (spec	General cify) ▼												
_	State: District:														
⊢	UBTOTAL of Disbursements This Page (optional)								_	5	_	,		0.40	
т	OTAL This Period (last page this line number only)									,		7	80	0.40	

S	CHEDULE B (FEC Form 3X)				י פר						PAGE	20	OF 25
	EMIZED DISBURSEMENTS		parate schedule(s) a category of the			k only	-			L			0
			Summary Page			21b	22	X	23		4	25	26
						27	28a		28b		8c	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		A ation Can		_								
	College of American Pathologists F	olitical	Action Com	mitte	e								
Δ	Full Name (Last, First, Middle Initial) BERA FOR CONGRESS						Date o	f Dis	hurse	ment			
<i>/</i>	BERA FOR CONGRESS						M M	_	D		Y	YY	Y
	Mailing Address POST OFFICE BOX 582496						03		0			2013	
	City	State	Zip Code				Trans	acti	on ID	: SB2	3 188	02	
	ELK GROVE	CA	95758				ITana	acti		. 362	3.400	02	
	Purpose of Disbursement						Amoun	t of	Fach	Dishu	rseme	nt this	Period
	Candidate Name						Amoun		Lacii	DISDU	ISeme	111 1113	renou
					egor ype	'y/			,		7	50	0.00
		ment For:											
	Senate X	Primary	General										
	State: CA District: 07	Other (sp	ecity) 🔻										
_	Full Name (Last, First, Middle Initial)												
В.	BOEHNER FOR SPEAKER						Date o	f Dis	burse	ement			
							M M	/	D	D /	Y	Y Y	Y
	Mailing Address 320 FIRST ST., SE						03		1	8	L.	2013	
	City SALANDER S	State DC	Zip Code 20003				Trans	sacti	on ID	: SB2	3.488	10	
	Purpose of Disbursement	DC	20003	_		_							
							Amoun	t of	Each	Disbu	rseme	nt this	Period
	Candidate Name			Cate	egor	у/						250	0.00
					ype				7		7	230	0.00
		ment For: Primary	2014 General										
	President	Other (sp											
	State: OH District: 08	(op	, V										
	Full Name (Last, First, Middle Initial)												
C.	COLLINS FOR CONGRESS						Date o	f Dis	burse	ement			
	Mailing Address P.O. BOX 386						м м 03	/	0	D /		y y 2013	Y
	Maining Address P.O. BOX 300						00	1.	0	0	-	2013	
	City	State	Zip Code				Trans	acti	on ID	: SB2	3 /88	04	
	CLARENCE	NY	14031				mane	Jacti		. 002	5.400	04	
	Purpose of Disbursement								-	Dista			Devia
	Candidate Name			Cat			Amoun	τοτ	∟acn	Disbu	rseme	nt this	Period
				T	egor ype	y/						100	0.00
	Office Sought: K House Disburser	ment For:	2014						,		7		
	Senate X	Primary	General										
	State: NY District: 27	Other (sp	ecity) 🔻										
	State: NY District: 27						_	_	_		_		
s	UBTOTAL of Disbursements This Page (optional)											4000	0.00
\vdash						-		-	,	-	,		
T	OTAL This Period (last page this line number only))					1						

.

S	CHEDULE B (FEC Form 3X)			F)B		NU	IMBER:				PA	GE	21	OF	25
IT	EMIZED DISBURSEMENTS		parate schedule(s) h category of the			k only		ne)		٦.	_					
			d Summary Page			21b 27		22 28a	×	23 28b	$\left \right $	24 28c		25 29		26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					perso		for the		pose		solicitir		ontribu		
\square	NAME OF COMMITTEE (In Full)															
	College of American Pathologists F	Politica	Action Com	nitte	e											
Α.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS							Date o	f Di	sburse	err	nent				
	Mailing Address 5915 EASTMAN AVE SUITE 100							03	/	D	D 28			013	Y	
		State MI	Zip Code 48640-6824					Trans	sact	ion ID):	SB23.4	8823	3		
	Purpose of Disbursement					٦		Amoun	t of	Each	D)isburse	men	t this	Perio	d
	Candidate Name			Cate Ty	egor /pe	ry/				,				250	0.00	
	Senate X President	nent For: Primary Other (sp	General													
в.	State: MI District: 04 Full Name (Last, First, Middle Initial) FOLLOW THE NORTH STAR FUN	ND						Date o	f Di	sburse	em	nent				
	Mailing Address 316 E HENNEPIN AVE SUITE 201							м м 03	1	D	22			013	Ŷ	
	MINNEAPOLIS	State MN	Zip Code 55414					Trans	sact	ion IE):	SB23.4	8819	Ð		
	Purpose of Disbursement			—				Amoun	t of	Each	D)isburse	men	t this	Perio	d
	Candidate Name			Cate Ty	egor /pe	ry/				,	2	. ,		100	0.00	
	Senate	nent For: Primary Other (sp	General													
С.	Full Name (Last, First, Middle Initial)		OTTLER					Date o	_							
	Mailing Address P.O. BOX 15293							03	/	C	D8			013	Y	
	Washingotn	State DC	Zip Code 20003					Trans	sact	ion IE):	SB23.4	8807	7		
	Purpose of Disbursement Candidate Name			Cate	egor /pe	ry/		Amoun	t of	Each	D)isburse	men	t this 2500		d
	Office Sought: House Senate President State: OH District:	nent For: Primary Other (sp	General							7		7				
┢	CUBTOTAL of Disbursements This Page (optional)									1				6000	-	

S	CHEDULE B (FEC Form 3X)		F)B I		IUMBER				PA	GE	22 () DF	25
IT	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the	s) (c	heck	only	one)		_		, <u> </u>				
		Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28c	\mid	25 29		26 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na			any	perso	n for the		ose		olicitin		ntribu		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		_											
	College of American Pathologists	Political Action Cor	nmitte	e										
<u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name (Last, First, Middle Initial)					_	. –							
Α.	GEORGE HOLDING FOR CONG	RESS				Date o	_			nt			_	
	Mailing Address PO BOX 97187					03	/	2	20	/ Y		13	Y	
	City	State Zip Code				Trans	sacti	on ID) : SE	323.4	8817			
	RALEIGH Purpose of Disbursement	NC 27624												
					11	Amour	t of	Each	Dist	ourser	nent	this I	Perio	d
	Candidate Name			egory	//							1000	0.00	٦
	Office Sought: Y House Disburse	ement For: 2014	T <u>y</u>	ype				7	_	7	-			
	Senate	Primary General												
	President	Other (specify)												
	State: NC District: 13 Full Name (Last, First, Middle Initial)													
В.	GRASSLEY COMMITTEE					Date o	f Dis	burse	emer	nt				
	Mailing Address PO BOX 1000					м м 03	/	D	D 08	/ Y)13	Y	
	Maining Address PO BOX 1000					03			0		20	/13		
	City DES MOINES	State Zip Code IA 50304				Tran	sacti	on IE) : SI	B23.4	8808			
	Purpose of Disbursement			-										
	Candidate Name					Amoun	t of	Each	Dist	ourser	nent	this I	Perio	d
	Canutale Name			egory /pe	//							1000	0.00	
	Office Sought: House Disburse	ement For: 2014	1 1		\neg									
		Primary General												
	State: IA District: 00	Other (specify)												
_	Full Name (Last, First, Middle Initial)													
C.	JIM GERLACH FOR CONGRESS	S COMMITTEE				Date o	f Dis	burse	emer	nt				
	Mailing Address PO Box 2776					03	/	D 1	8	/ Y		13	Y	
							_							
	City Arlington	State Zip Code VA 22202				Trans	sacti	on IE) : SI	B23.4	8812			
	Purpose of Disbursement			-										
	Candidate Name					Amour	t of	Each	Dist	ourser	nent	this I	Perio	d
				egory /pe	//							1000	0.00	٦.
	Office Sought: X House Disburse	ement For: 2014		/				7		7				
	Senate X	Primary General												
	State: PA District: 06	Other (specify)												
													_	_
Γ						100								
s	UBTOTAL of Disbursements This Page (optional)							,		7		3000	.00	_

S	CHEDULE B (FEC Form 3X)			F	OR I		IUMBE	۹:		F	AGE	23	OF 25
IT	EMIZED DISBURSEMENTS		parate schedule(s) n category of the			k only	one)					7.05	
			Summary Page		\mid	21b 27	22 28a	X	23 28b	24	. -	25 29	26 30b
	y information copied from such Reports and States for commercial purposes, other than using the nar												
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	College of American Pathologists I	Political	Action Com	mitte	e								
_	Full Name (Last, First, Middle Initial)	тгг					Date	of Di	ebured	omont			
А.	KIND FOR CONGRESS COMMIT	IEE					M		D		Y	Y	Y
	Mailing Address 205 5TH AVENUE, SOUTH SUITE 200						03			8		013	
	City LA CROSSE	State WI	Zip Code 54601				Trar	sact	ion ID	: SB23	4881	3	
	Purpose of Disbursement		54601	_									
							Amou	nt of	Each	Disburs	emen	t this	Period
	Candidate Name			Cate Ty	egor ype	y/			7	,		100	0.00
	Office Sought: X House Disburse Senate President	ment For: Primary Other (sp	K General										
	State: WI District: 03												
Р	Full Name (Last, First, Middle Initial)						Data						
В.	MIKE THOMPSON FOR CONGRE	=SS					Date	_					
	Mailing Address 5429 Madison Avenue						03		D 1	8		013	Y
	City Sacramento	State CA	Zip Code 95841				Tra	nsact	ion ID) : SB23	.4881	4	
	Purpose of Disbursement				-		•		F I.	Disk			Devia
	Candidate Name						Amou	nt of	Each	Disburs	emen	t this	Period
				Cate Ty	egor <u>:</u> ype	у/	L.		7		_	350	0.00
	Ŭ A	ment For: Primary Other (sp	General										
	State: CA District: 05	(-)-											
С.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRE	ESS					Date	of Di	sburse	ement			
	Mailing Address 5429 Madison Avenue						M 03		D 1	D / 8		013	Y
	City	State	Zip Code				Trar	isact	ion ID) : SB23	4881	5	
	Sacramento Purpose of Disbursement	CA	95841				mai	15401		. 0023		0	
	Candidate Name			Cate	eqor	v/	Amou	nt of	Each	Disburs	emen		_
					ype	-	L.		7			150	0.00
	Senate President	ment For: Primary Other (sp	X General										
_	State: CA District: 05												
s	UBTOTAL of Disbursements This Page (optional)								,	,	_	6000	0.00
T	OTAL This Period (last page this line number only)				►			7		_		

S	HEDULE B (FEC Form 3X)			F	DR I	LINE	NUI	MBER:				PA	GE	24 () DF	25
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the			k only		e)		a -				7	_	
			Summary Page		\mid	21b 27		22 28a	×	23 28b	\vdash	24 28c		25 29		26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															;
$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
	College of American Pathologists F	Political	Action Com	mitte	e											
Α.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS						[Date of	f Dis	burse	eme	nt				
							1	M M	/	D	D	1	Y Y	Y	Y	
	Mailing Address PO BOX 3176							03		0)8		2	013		
	City Standard Stand Standard Standard Stan	State NJ	Zip Code 07740					Trans	acti	on ID) : S	B23.4	8809)		
	Purpose of Disbursement	INJ	07740	_	_	_										
							A	Amount	t of	Each	Dis	burse	ment	t this I	Peric	bd
	Candidate Name			Cate		y/								1000	0.00	
	Office Sought: 🗙 House Disburser	ment For:	2014	Ľ	ype				-	7						
	Senate	Primary	General													
	State: NJ District: 06	Other (sp	ecify) 🔻													
	Full Name (Last, First, Middle Initial)															
В.	PALLONE FOR CONGRESS						[Date of	f Dis	burse	eme	nt				
								M M	/	D		/		Р ОД О	Y	
	Mailing Address PO BOX 3176						1	03			18		2	013	_	
	City LONG BRANCH	State NJ	Zip Code 07740					Trans	acti	on ID) : S	B23.4	8816	6		
	Purpose of Disbursement			-												
	Candidate Name			L.			A	Amount	t of	Each	Dis	burse	ment	t this I	Peric	bd
				Cate T	egor ype	y/								1000	0.00	
		ment For:	2014		/1					,		,				
	Senate X President	Primary	General													
	State: NJ District: 06	Other (sp	echy) 🔻													
_	Full Name (Last, First, Middle Initial)															
C.	ROB WITTMAN FOR CONGRESS	5					[Date of	f Dis	burse	eme	nt				
	Mailing Address PO BOX 999							м м 03	/	2	22	/		013	Y	
	PO BOX 999															
	City SMONTROSS	State VA	Zip Code 22520					Trans	acti	on ID) : S	B23.4	8821	1		
	Purpose of Disbursement			-												
	Candidate Name			L.			A	Amount	t of	Each	Dis	burse	ment	t this I	Peric	bd
	Candidate Name			Cate T	egor ype	y/								1000	0.00	٦.
	Office Sought: K House Disburser	ment For:	2014		/1					5						
	Senate President	Primary Other (and	General													
	State: VA District: 01	Other (sp	ecity) 🔻													
Г									-		_	-	-		_	
s	UBTOTAL of Disbursements This Page (optional)					►		_	_	7		7		3000	.00	
Ι.	OTAL This Period (last page this line number only))				•										

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 25 OF 25												
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	ly one)									
		Detailed Summary Page			21b 27	22 28a	×	23 28b	24		25 29	26 30b			
	ny information copied from such Reports and St for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
$\langle \rangle$	College of American Pathologist	s Political Action Comr	nitte	e											
Α.	Full Name (Last, First, Middle Initial) TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)					Date of Disbursement									
	Mailing Address P.O. Box 29576						03 / D D / Y Y Y Y 20 2013								
	City Washington	StateZip CodeDC20017		Transaction ID : SB23.48818											
	Purpose of Disbursement							Amount of Each Disbursement this Period							
	Candidate Name	Cate Ty	egor /pe	ry/	2500.00										
	Office Sought: House Disbu Senate President	rsement For: 2013 Primary General X Other (specify) ▼						,							
	State: District:	OTHER													
B.	Full Name (Last, First, Middle Initial)					Date of Disbursement									
	Mailing Address														
	City	State Zip Code													
	Purpose of Disbursement				Amount of Each Disbursement this Period							Period			
	Candidate Name	Cate Ty	egor /pe	ry/			,								
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify) ▼													
	State: District:														
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement									
	Mailing Address														
	City	State Zip Code													
	Purpose of Disbursement					Amoun	+ ~ f	Teeb	Diebur		nt thia	Deried			
	Candidate Name		Cate Ty	egor ype	ry/	Amoun		Each	Disbur	seme	nt this	Penoa			
_	Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼						,							
	State: District:														
s	UBTOTAL of Disbursements This Page (optional				•			,			250	0.00			
Т	OTAL This Period (last page this line number o	nly)						,			2450	0.00			

I