

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
College of American Pathologists Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Dr. Renee R. Ellerbroek [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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) and 6(c) for Column A and Lines 6(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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33370.00	75196.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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 Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33370.00	75196.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33370.00	75196.00

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	80.40	277.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	80.40	277.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	79000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	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
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24580.40	79277.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24580.40	79277.20

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33370.00	75196.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33370.00	75196.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	80.40	277.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	80.40	277.20

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

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

FOR LINE NUMBER: PAGE 6 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Dr. Sarah Muntzing Bean MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3501 Pony Soldier Dr  
 City State Zip Code  
 Apex NC 27539-6899  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Duke Univ Hosp & Health System Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48726**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Thomas Parker Buck MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Green Briar  
 City State Zip Code  
 Glastonbury CT 06033-1469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Beth Israel Deaconess Med Ctr Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48728**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Jeffrey D Cao MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path AH 301  
 11021 Campus St  
 City State Zip Code  
 Loma Linda CA 92350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Loma Linda Univ Med Ctr Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48729**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Desiree A Carlson MD</b>		Date of Receipt
Mailing Address Chief of Pathology 680 Centre St		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City	State	Zip Code
Brockton	MA	02302-3308
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.48768</b>
C		Amount of Each Receipt this Period
		2500.00
Name of Employer	Occupation	
Signature Healthcare Brockton Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Fernando Ramon De Castro MD</b>		Date of Receipt
Mailing Address 250 Fountain Ct		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City	State	Zip Code
Lexington	KY	40509-1888
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.48769</b>
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Dermatopathology Reference Lab	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Gaston Detweiler MD</b>		Date of Receipt
Mailing Address 6100 Harris Pkwy		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City	State	Zip Code
Fort Worth	TX	76132-4101
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.48770</b>
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
Texas Health Southwest	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Rosemary E. Detweiler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 6100 Harris Pkwy  
 City Fort Worth State TX Zip Code 76132-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Health Southwest Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.48771**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Craig A Dise MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 100 Madison Ave  
 City Morristown State NJ Zip Code 07960-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morristown Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.48773**  
 Amount of Each Receipt this Period  
 1000.00

**c. Dr. Jessica Lynn Dodge MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Locust Ave  
 City Danbury State CT Zip Code 06810-6147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Danbury Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.48774**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**College of American Pathologists Political Action Committee**

**A. Dr. Janet R Durham MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Great Lakes Pathologists SC  
8901 W Lincoln Ave

City West Allis State WI Zip Code 53227-2409

FEC ID number of contributing federal political committee. **C**

Name of Employer Aurora Health ACL Labs Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2013  
**Transaction ID : SA11AI.48697**

Amount of Each Receipt this Period  
 1000.00

**B. Dr. Edward P Fody MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Lab  
602 Michigan Ave

City Holland State MI Zip Code 49423-4918

FEC ID number of contributing federal political committee. **C**

Name of Employer Holland Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.48776**

Amount of Each Receipt this Period  
 1000.00

**C. Dr. C. Elliott Foucar MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 14029 Wind Mountain Rd NE

City Albuquerque State NM Zip Code 87112-6564

FEC ID number of contributing federal political committee. **C**

Name of Employer Massachusetts General Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.48777**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Wayne Lee Garrett DO**

Full Name (Last, First, Middle Initial)  
Mailing Address 96 Museum Way

City San Francisco State CA Zip Code 94114-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer West Coast Pathology Labs Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 22 / 2013  
**Transaction ID : SA11AI.48754**

Amount of Each Receipt this Period  
1500.00

**B. Dr. Gary A Gochman MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Lab  
9333 E Imperial Hwy

City Downey State CA Zip Code 90242-2812

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Downey Medical Center Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 25 / 2013  
**Transaction ID : SA11AI.48778**

Amount of Each Receipt this Period  
250.00

**c. Dr. C Joyce Greathouse MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 760 Airport Rd

City Panama City State FL Zip Code 32405-4003

FEC ID number of contributing federal political committee. **C**

Name of Employer Bay Pathology Associates Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 25 / 2013  
**Transaction ID : SA11AI.48780**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 25  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Dr. Robert G Huber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2504 Serravalle St NW  
 City State Zip Code  
 Uniontown OH 44685-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UW Cancer Ctr Pathologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48735**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Mark D Kolins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 W 13 Mile Rd  
 City State Zip Code  
 Royal Oak MI 48073-6712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Beaumont Health System Pathologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48737**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. Stephen R Lyle MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 Walnut St  
 City State Zip Code  
 Wellesley MA 02481-3335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UMASS Mem Med Ctr Lab Pathologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : SA11AI.48722**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Karla K. Murphy MD</b>		Date of Receipt
Mailing Address Plaza 3 1315 S Cliff Ave Ste 4100		M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2013
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.48738</b>
Name of Employer Physicians Laboratory Ltd		Amount of Each Receipt this Period
Occupation Pathologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Steven P. Olson MD</b>		Date of Receipt
Mailing Address 1315 S Cliff Ave Ste 4100		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City Sioux Falls	State SD	Zip Code 57105-1015
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.48787</b>
Name of Employer Physicians Laboratory Ltd		Amount of Each Receipt this Period
Occupation Pathologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Christine F. Piller MD</b>		Date of Receipt
Mailing Address 920 Church St N		M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2013
City Concord	State NC	Zip Code 28025-2927
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.48739</b>
Name of Employer CMC - Northest Med Ctr		Amount of Each Receipt this Period
Occupation Pathologist		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robert Laurence Randell Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 491 Sylvan Dr  
 City Winter Park State FL Zip Code 32789-3974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Orlando Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48741**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Dennis D Reinke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1107 Brooke Ave  
 City Wichita Falls State TX Zip Code 76301-5608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.48788**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Beverly B Rogers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Johnson Ferry Rd NE  
 City Atlanta State GA Zip Code 30342-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Healthcare of Atlanta at Sc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : SA11AI.48790**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Dr. Patricia R Romano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Brooklyn Navy Yard  
 63 Flushing Ave Unit 292  
 City Brooklyn State NY Zip Code 11205-1079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shiel Medical Laboratory Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 21 / 2013**  
**Transaction ID : SA11AI.48742**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. John W Skinner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Woodlands Dr  
 City Falmouth State ME Zip Code 04105-1191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2013**  
**Transaction ID : SA11AI.48795**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Daniel D Slagel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Associates  
 250 Mercy Dr G231  
 City Dubuque State IA Zip Code 52004-0731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Clinical Laboratories Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 22 / 2013**  
**Transaction ID : SA11AI.48760**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 15 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Robert George Stallings MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 162 Dogwood Ln  
 City Rutherfordton State NC Zip Code 28139-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rutherford Hosp Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2013  
**Transaction ID : SA11AI.48761**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Craig Allen Storm MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Stage Coach Rd  
 City Lebanon State NH Zip Code 03766-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dartmouth-Hitchcock Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48744**  
 Amount of Each Receipt this Period  
 250.00

**C. Mrs. Marion Swerdlow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Ridge Rd  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : SA11AI.48746**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. L Brent Talbott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3445 Executive Ctr Dr Ste 250  
 City Austin State TX Zip Code 78731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinical Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : SA11AI.48724**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Richard W Trepeta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 350 W Thomas Rd  
 City Phoenix State AZ Zip Code 85013-4409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Josephs Hosp and Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013  
**Transaction ID : SA11AI.48717**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Emily Ellen Volk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 Brussels St  
 City San Antonio State TX Zip Code 78219-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2013  
**Transaction ID : SA11AI.48699**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gary B. Witkin MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 21 / 2013 <b>Transaction ID : SA11AI.48750</b>
Mailing Address Dept of Pathology 4755 Ogletown-Stanton Rd		Amount of Each Receipt this Period 250.00
City Newark	State DE	Zip Code 19718-0001
FEC ID number of contributing federal political committee.	C	
Name of Employer Christiana Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Sherry L Woodhouse MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2013 <b>Transaction ID : SA11AI.48767</b>
Mailing Address 1440 Coral Ridge Dr # 296		Amount of Each Receipt this Period 1000.00
City Coral Springs	State FL	Zip Code 33071-5433
FEC ID number of contributing federal political committee.	C	
Name of Employer Pathology Consultants of S Broward	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Louis D Wright Jr MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013 <b>Transaction ID : SA11AI.48711</b>
Mailing Address PO Box 998		Amount of Each Receipt this Period 1000.00
City Charleston	State SC	Zip Code 29402-0998
FEC ID number of contributing federal political committee.	C	
Name of Employer Path Svcs Assoc LLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 25  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Louis J Zinterhofer MD**

Mailing Address Dept of Path  
300 2nd Ave

City State Zip Code  
Long Branch NJ 07740-6303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Monmouth Med Ctr Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2013

**Transaction ID : SA11AI.48796**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28900.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Moneris ACH Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 04 / 2013

**Transaction ID : SB21B.48800**

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
03 / 20 / 2013

**Transaction ID : SB21B.48801**

Amount of Each Disbursement this Period

38.50

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

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

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

80.40

80.40

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2013

Transaction ID : SB23.48802

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: OH District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2013

Transaction ID : SB23.48810

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### C. COLLINS FOR CONGRESS

Mailing Address P.O. BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 27

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2013

Transaction ID : SB23.48804

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. DAVE CAMP FOR CONGRESS**

Mailing Address 5915 EASTMAN AVE  
SUITE 100

City MIDLAND State MI Zip Code 48640-6824

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2013

Transaction ID : **SB23.48823**

Amount of Each Disbursement this Period

2500.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. FOLLOW THE NORTH STAR FUND**

Mailing Address 316 E HENNEPIN AVE  
SUITE 201

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ OTHER

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2013

Transaction ID : **SB23.48819**

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SHERROD BROWN**

Mailing Address P.O. BOX 15293

City Washingt State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2013

Transaction ID : **SB23.48807**

Amount of Each Disbursement this Period

2500.00

Category/Type

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

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

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GEORGE HOLDING FOR CONGRESS**

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 20 / 2013

**Transaction ID : SB23.48817**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 08 / 2013

**Transaction ID : SB23.48808**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JIM GERLACH FOR CONGRESS COMMITTEE**

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SB23.48812**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 23 OF 25		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b			

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)  
**A. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE, SOUTH  
SUITE 200

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WI District: 03

Date of Disbursement  /  /   
03 / 18 / 2013

Transaction ID : **SB23.48813**

Amount of Each Disbursement this Period   
1000.00

Full Name (Last, First, Middle Initial)  
**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 05

Date of Disbursement  /  /   
03 / 18 / 2013

Transaction ID : **SB23.48814**

Amount of Each Disbursement this Period   
3500.00

Full Name (Last, First, Middle Initial)  
**C. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼

State: CA District: 05

Date of Disbursement  /  /   
03 / 18 / 2013

Transaction ID : **SB23.48815**

Amount of Each Disbursement this Period   
1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text"/> 6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2013

**Transaction ID : SB23.48809**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2013

**Transaction ID : SB23.48816**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. ROB WITTMAN FOR CONGRESS**

Mailing Address PO BOX 999  
PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2013

**Transaction ID : SB23.48821**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

3000.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

Mailing Address P.O. Box 29576

**Transaction ID : SB23.48818**

City Washington State DC Zip Code 20017

Amount of Each Disbursement this Period

2500.00
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Purpose of Disbursement

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **OTHER**

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

24500.00
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