| Image# 13962468820 | | | _ | PAGE 1 / 18 |
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| FEC AN | PORT OF REND DISBURS | EMENTS | | |
| 1. NAME OF TYP | e or print 🔻 | Example: If typing, type | | Jse Only |
| COMMITTEE (in full) | | over the lines. | 12FE4M5 | _ |
| College of American Path | ologists Political Actio | on Committee | | |
| | | | | |
| ADDRESS (number and street) | 350 I Street, NW | | | |
| Check if different | uite 590 | | | |
| than previously v reported. (ACC) | Vashington | | DC 2000 | 5 |
| 2. FEC IDENTIFICATION NUMB | | | STATE 🔺 | ZIP CODE |
| C C00274944 | 3. IS TH REPO | | AMENDED (A) | |
| (Choose One) | b) Monthly Report Due On: Mar 20 (| | | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12 (Non-Election |
| (a) Quarterly Reports: | Apr 20 (I | Л4) Jul 20 (М7) | Oct 20 (M10) | Year Only) Jan 31 (YE) |
| April 15 Quarterly Report (Q1) July 15 | (c) 12-Day | Primary (12P) | General (12G) | Runoff (12R) |
| Quarterly Report (Q2) October 15 | PRE-Election Report for the: | Convention (12C) | Special (12S) | |
| Quarterly Report (Q3) January 31 Year-End Report (YE) | Election on | M M / D / | YYYYY | 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 01 2013 | through 04 | |)13 |
| I certify that I have examined this Re | eport and to the best of my | knowledge and belief it is t | rue, correct and comple | ete. |
| Type or Print Name of Treasurer | r. Renee R. Ellerbroek | | | |
| Signature of Treasurer | R. Ellerbroek | [Electronically Filed] | Date 05 / 16 | 6 / Y I Y I Y Y 2013 |
| NOTE: Submission of false, erroneous, | or incomplete information may | / subject the person signing | this Report to the penalt | ies of 2 U.S.C. §437g. |
| Office Use Only | | | | C FORM 3X Rev. 12/2004 |

05/16/2013 15 : 57

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: 04 | 4 01 / Y Y Y Y Y 5 01 / 2013 To | 04 / D D / Y Y Y Y 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 | 446614.69 | |
| | (c) Total Receipts (from Line 19) | 25646.00 | 100842.00 |
| | (d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B) | 472260.69 | 551537.89 |
| 7. | Total Disbursements (from Line 31) | 104.40 | 79381.60 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 472156.29 | 472156.29 |
| 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

| | DETA | AILED SUMMARY PAGE of Receipts | Г |
|-----|--|-----------------------------------|--|
| | FEC Form 3X (Rev. 06/2004) | | Page 3 |
| | rite or Type Committee Name | | |
| C | college of American Pathologists Politie | cal Action Committee | |
| R | eport Covering the Period: From: | 01 / Y Y Y Y Y 01 .2013 To | . 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | 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) | 22450.00 | 80349.00 |
| | | | |
| | (ii) Unitemized | 3196.00 | 20493.00 |
| | (iii) TOTAL (add | 05040.00 | 100842.00 |
| | Lines 11(a)(i) and (ii) | 25646.00 | 100842.00 |
| | (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) | 25646.00 | 100842.00 |
| 12. | Transfers From Affiliated/Other | | |
| | Party Committees | 0.00 | 0.00 |
| 10 | All Loans Received | 0.00 | 0.00 |
| 13. | | | 7 7 7 |
| 14 | Loan Repayments Received | 0.00 | 0.00 |
| | Offsets To Operating Expenditures | 7 7 | 7 7 |
| | (Refunds, Rebates, etc.) | | |
| 10 | (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 | | |
| 10 | (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 |
| | | 7 7 | |
| 19. | Total Receipts (add Lines 11(d), | | |
| | 12, 13, 14, 15, 16, 17, and 18(c))► | 25646.00 | 100842.00 |
| 20. | Total Federal Receipts | | |
| | (subtract Line 18(c) from Line 19)▶ | 25646.00 | 100842.00 |

Image# 13962468822

DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003) | of Disbursements | 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) | | Calendar fear-to-Date |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 104.40 | 381.60 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii), and (b)) | 104.40 | 381.60 |
| Committees | 0.00 | 0.00 |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 79000.00 |
| . Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 5. Loan Repayments Made | 0.00 | 0.00 |
| 7. Loans Made | 0.00 | 0.00 |
| Coalis Made | 0.00 | 0.00 |
| | | |
| (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 |
| (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)) | 104.40 | 79381.60 |
| . Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 104.40 | 79381.60 |
| | | |

I

DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| Total Contributions (other than loans) (from Line 11(d), page 3) | 25646.00 | 100842.00 |
| Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| Net Contributions (other than loans) (subtract Line 34 from Line 33) | 25646.00 | 100842.00 |
| Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 104.40 | 381.60 |
| Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 104.40 | 381.60 |

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 | |
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| | for commercial purposes, other than using the | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) College of American Pathologi | ste Polition | Action Committee | | | | | | | |
| | | | | | | - | | | | |
| A. | Full Name (Last, First, Middle Initial) Dr Maureen S Bauer MD | | | ſ | Date of | Re | ceint | | | |
| | Mailing Address 705 South Bend Dr | | | | | _ | | / Y | - Y - Y | Y |
| | | | | | 04 | | 14 | | 2013 | |
| | City Durham | State NC | Zip Code 27713-6194 | | | | | SA11AL | | |
| | FEC ID number of contributing | | | _ / | Amount | ι Of | ⊏acn R | leceipt th | | |
| | federal political committee. | С | | | | _ | 9 | - J | 30(| 0.00 |
| | Name of Employer | Occupation Pathologist | | | | | | | | |
| | Duke University Hospital Receipt For: | Pathologist | Vear-to-Dato 💌 | _ | | | | | | |
| | Primary General | Ayyreyate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 300.00 | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Dr. Alyson Miller Booth MD | <u> </u> | | | Date of | Re | ceipt | | | |
| ~1 | Mailing Address 35 Michigan St | | | | M M | / | | / Y | Y Y | Y |
| | | | 7% 0-1 | | 04 | L. | 04 | 」L | 2013 | |
| | City Grand Rapids | State MI | Zip Code 49503 | | | | | SA11AI.4 | | |
| | FEC ID number of contributing | | | \neg | -unount | ut | ∟acn H | leceipt th | | _ |
| | federal political committee. | C | | | | - | 7 | J | 500 |).00 |
| | Name of Employer Spectrum Health Pathology | Occupation | | | | | | | | |
| | Spectrum Health Pathology Receipt For: | Pathologist | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) ▼ | | , 500.00 | | | | | | | |
| — С. | Full Name (Last, First, Middle Initial) Dr. Noel Anderson Brownlee MD | | | <u> </u> | Date of | p. | uceint | | | |
| с. | Mailing Address 109 Riverlook Ln | עוו וי,י | | | M M | - HE | D D | | YY | Y |
| | City | State | Zip Code | | 04 Trans | art | 12 ion ID · | SA11AL | 2013 48873 | |
| | Piedmont | SC | 29673-6587 | | | | | SATTAL | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | D.00 |
| | | | | " | | | 7 | | | |
| | Name of Employer St Joseph Medical Center Laboratory | Occupation Pathologist | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | _ | | | | | | |
| | Primary General | . iggi ogale | | 1 | | | | | | |
| | Other (specify) | | 250.00 | J _ | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | | _ | | | | 950 | .00 |
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| | | | Detailed Summary Page | | X 11a | | 11b | 11c | | 12 | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \mathbb{Z} | College of American Pathologist | ts Politica | al Action Committee | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Michael B Cohen MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address 1950 Circle of Hope N3170 | | | | м м 04 | / | 25 | / Y | 2(| 013 | Y |
| | City | State | Zip Code | | Transa | acti | on ID : | SA11AI. | 489 ⁻ | 11 | |
| | Salt Lake City | UT | 84112 | _ | Amount | of | Each R | eceipt th | is P | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 9 | _ | 250. | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Huntsman Cancer Hospital | Pathologist | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) V | | 250.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Dr. Earle S Collum MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address PMB 664 10645 W Tatum Blvd Ste C200 |) | | | м м 04 | / | 06 | / Y | ү 20 |)13 | Y |
| | City | State | Zip Code | | | | | SA11AI. | | | |
| | Phoenix | AZ | 85028 | | Amount | of | Each R | eceipt th | is P | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | 7 | _ | 1000. | 00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Pathology Associates LTD | Pathologist | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General Other (specify) ▼ | | 1000.00 | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Dr. Michael A. Deck MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address 6124 W Parker Rd Ste G36 | | | | м м 04 | / | 02 | / Y | |)13 | Y |
| | City Plano | State TX | Zip Code 75093-8124 | | | | | SA11AI. eceipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | 01 | , | | | 2500 | .00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | MD Pathology | Pathologist | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 2500.00 | L. | | | | | | | |
| | Other (specify) | | 2500.00 | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | _ | | | | | | |
| College of American Patholo | gists Politica | al Action Committee | | | | | | |
| Full Name (Last, First, Middle Initial) Dr. Robert P DeCresce MD,MBA | | | Date | of Red | ceipt | | | |
| Mailing Address Jelke Bldg, Rm 532 1750 W Harrison | | | M 04 | M / | D D D 02 | / Y | у у 2013 | Y |
| City Chicago | State IL | Zip Code 60612 | | | | SA11AI. | 48832 is Period | 1 |
| FEC ID number of contributing federal political committee. | С | | | | , | | 2500 | _ |
| Name of Employer University Pathology Consultants | Occupation Pathologist | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2500.00 | | | | | | |
| Full Name (Last, First, Middle Initial) B. Dr. Torsten Ehrig MD | | | Date | of Red | ceipt | | | |
| Mailing Address 25 Florence Rd Apt 41 | Ctoto | Zin Code | 04 | | 19 | / Y | 2013 | Y |
| City Branford | State CT | Zip Code 06405 | | | | SA11AI.4 eceipt th | 48888 is Period | 1 |
| FEC ID number of contributing federal political committee. | С | | | | , | | | 0.00 |
| Name of Employer Dermatopathology Laboratory of New Eng | Occupation Pathologist | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| Primary General Other (specify) ▼ | | 300.00 |] | | | | | |
| Full Name (Last, First, Middle Initial) C. Dr Renee R Ellerbroek MD | | | Date | of Red | ceipt | | | |
| Mailing Address Dept of Path <u>1212 Pleasant St Ste LL3</u> | | | м 04 | | ^D 19 | / Y | ү ү 2013 | Y |
| City Des Moines | State IA | Zip Code 50309-1414 | | | | SA11AI. | 48889 is Period | 1 |
| FEC ID number of contributing federal political committee. | С | | | | , | , | 1000 | _ |
| Name of Employer | Occupation | | | | | | | |
| Pathology Laboratory PC | Pathologist | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | 1 | | | | | |
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Use separate schedule(s)

FOR LINE NUMBER:

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| NA | ME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| ∕ c | ollege of American Pathologi | sts Politica | al Action Committee | | | | | | | | | | |
| A D | II Name (Last, First, Middle Initial) r. James B Elston MD | | | | Date of | Rece | ipt | | | | | | |
| | illing Address Dept of Path 4200 Houma Blvd | | | | м м 04 | / | 0 D | / Y | у у 2013 | | | | |
| Cit Me | y etairie | State LA | Zip Code 70006-2970 | | | | | SA11AI. eceipt th | | d | | | |
| | C ID number of contributing leral political committee. | С | | | | | | 7 | 25 | 50.00 | D | | |
| Na | me of Employer | Occupation | | | | | | | | | | | |
| | st Jefferson Genl Hosp | Pathologist | | | | | | | | | | | |
| Re | | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 350.00 | | | | | | | | | | |
| | ll Name (Last, First, Middle Initial) r. Steven V. Foster MD | 1 | | | Date of | Rece | ipt | | | | | | |
| | illing Address Path Lab 1441 N Beckley Ave | | | | ^M M | 1 | D D 19 | / Y | 2013 | Y | | | |
| Cit | | State TX | Zip Code | - | | | | <u>SA11AI.</u> | | | | | |
| | allas | | 75203-1201 | _ | Amount | t of Ea | ach Re | eceipt th | iis Peric | od | | | |
| | C ID number of contributing leral political committee. | С | | | | | | 9 | 50 | 00.00 |) | | |
| | me of Employer thodist Dallas Medical Center | Occupation Pathologist | | | | | | | | | | | |
| Re | ceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | | |
| | ll Name (Last, First, Middle Initial) Dr. Alan F Frigy MD | l | | | Date of | Rece | ipt | | | | | | |
| | illing Address Dept of Path 1800 E Lake Shore Dr | | | | м м 04 | 1 | 0 D 02 | / Y | ү 2013 | Y | 1 | | |
| Cit De | y ecatur | State IL | Zip Code 62521-3810 | | | | | SA11AI. eceipt th | | d | | | |
| | C ID number of contributing | | | | Amount | . 01 🖂 | | eceipt tr | | | - | | |
| fed | leral political committee. | С | | | L. | | | 7 | 100 | 0.00 | 0 | | |
| Na | me of Employer | Occupation | | | | | | | | | | | |
| | Mary's Hospital | Pathologist | | | | | | | | | | | |
| Re | ceipt For: Primary General | Aggregate | Year-to-Date ▼ | _ | | | | | | | | | |
| | Other (specify) | | 1000.00 | | | | | | | | | | |
| <u> </u> | TOTAL of Receipts This Page (optional) | | | ▶ - | | - 1 | | | 175 | 0.00 | | | |
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| IT. | EMIZED RECEIPTS | | Use separate schedule(s) | (ch | eck only | y on | e) | | | | |
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| 11 | | | for each category of the Detailed Summary Page | | ✓ 11a 13 | | 11b 14 | 11c 15 | 12 | r | 17 |
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| $\left\rangle$ | NAME OF COMMITTEE (In Full) College of American Pathologist | ts Politica | I Action Committee | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Guy C Glenn MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address 3225 Jack Burke Ln | | | | м м 04 | / | D D 19 | / Y | 201: | | |
| | City Billings | State MT | Zip Code 59106-1113 | _ | | | on ID : S Each Re | | | | _ |
| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | 3 | 350.0 | 0 |
| | Name of Employer unaffiliated | Occupation Pathologist | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Dr. Lauren A Hammock MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address PO Box 72059 | Chata | Zin Oode | | м м 04 | / | D D D 19 | / Y | 2013 | 3 | |
| | City Eugene | State OR | Zip Code 97401-0285 | | | | on ID : S Each Re | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 500.0 | 0 |
| | Name of Employer Pathology Consultants PC | Occupation Pathologist | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | | | | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) Dr. John R. Harbour MD | | | | Date of | Re | ceipt | | | | |
| | Mailing Address 416 Wellfield Rd | | | | м м 04 | / | 18 | / Y | 2013 | | |
| | City Manakin Sabot | State VA | Zip Code 23103-2917 | | | | on ID : S Each Re | - | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | , | | 250.0 | 0 |
| | Name of Employer | Occupation | | | | | | | | | |
| | Bon Secours St. Mary's Hosp Receipt For: | Pathologist | | _ | | | | | | | |
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| College of American Pathologis | sts Politica | al Action Committee | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Dr. Randall C Hastedt MD | | | | Date of | f Re | eceipt | | | | |
| Mailing Address 8144 Linden Leaf Cir | | | | м м 04 | / | 04 | / | Y Y 2 | 013 | Y |
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| Mount Carmel St. Ann's Hosp | Pathologist | | | | | | | | | |
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| Other (specify) | | 500.00 | 1 | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Dr. Michael George Hitchcock MBC | L ChB | | | Date of | f Re | eceipt | | | | |
| Mailing Address 3195 Maplewood Ave Ste 10 | 2 | | | M M 04 | / | 25 | | y y 20 |) 013 | Y |
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| Winston Salem | NC | 27103-3903 | | Amount | t of | Each R | Receipt | this F | Period | |
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| Name of Employer Path Diag Lab | Occupation Pathologist | | | | | | | | | |
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| Full Name (Last, First, Middle Initial) C. Dr. Gordon Dwight Honda MD | | | | Date of | f Re | eceipt | | | | |
| Mailing Address 305 Park Creek Dr | | | | м м 04 | / | 19 | | | 013 | Y |
| City Clovis | State CA | Zip Code 93611-4426 | | | | <mark>ion ID :</mark> Each R | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | 1 | 10001pt | | 250 | .00 |
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| | College of American Pathologis | is politica | a Action Committee | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Herman S Hurwitz MD | | | | Date of | Re | eceipt | | | | | |
| | Mailing Address 1004 Annapolis Ln. | | | | м м 04 | / | D 1 | D 8 | / Y | ү 20 |) 13 | Y |
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| | Cherry Hill | NJ | 08003-2800 | | Amount | of | Each | Re | eceipt th | is P | eriod | |
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| — B. | Full Name (Last, First, Middle Initial) Mr. George Knapman MBA | | | | Date of | Re | eceipt | | | | | |
| | Mailing Address 67801 Yankee LN | | | _ | M M | / | D | D | / Y | Y | Y | Y |
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| | Edwardsburg | MI | 49112-9627 | _ | Amount | of | Each | Re | eceipt th | is P | eriod | |
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| | Other (specify) | | 450.00 | 1 | | | | | | | | |
| | | | , | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Dr. Alan Levin MD | | | | Date of | Re | eceipt | | | | | |
| | Mailing Address 1701 SE Hillmoor Dr Ste C-11 | | | | м м 04 | / | D 0 | D)4 | / Y | |)13 | Y |
| | City | State | Zip Code | | Trans | act | ion ID |):8 | SA11AI. | 488 | 56 | |
| | Port Saint Lucie | FL | 34952-7541 | _ | Amount | of | Each | Re | eceipt th | is P | eriod | |
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| | St Lucie Medical Center | Pathologist | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) College of American Pathologists F | | |
| Newport News FEC ID number of contributing federal political committee. Name of Employer Riverside Reg Med Ctr Pageint For: | State Zip Code /A 23601-1975 Cupation hologist gregate Year-to-Date ▼ 250.00 | Date of Receipt 04 19 2013 Transaction ID : SA11AI.48896 Amount of Each Receipt this Period 250.00 |
| Pacific Palisades O FEC ID number of contributing federal political committee. O Name of Employer O Dignity Health-California Hospital Med Pate | State Zip Code CA 90272-2233 Cupation hologist gregate Year-to-Date ▼ 500.00 | Date of Receipt 04 02 2013 Transaction ID : SA11AI.48840 Amount of Each Receipt this Period 300.00 |
| Tallahassee FEC ID number of contributing federal political committee. Name of Employer Octoor KWB Pathology Associates Pathology Associates | State Zip Code FL 32308-4537 Cupation thologist gregate Year-to-Date ▼ 2500.00 | Date of Receipt |
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| | College of American Pathologis | ts Politica | al Action Committee | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Joseph Corbin Parker MD | | Date of | f Re | ceipt | | | | | | | | | | |
| | Mailing Address 4606 Wolfcreek Pkwy | | | | M M | / | D D | / Y | Y Y | | | | | | |
| | City | State | Zip Code | _ | 04 - | | 19 | | 2013 | | | | | | |
| | Louisville | KY | 40241-5502 | | | | | SA11AI | .48898 his Peric | vd. | | | | | |
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| | Name of Employer | Occupation | | -+ | | | | | | | | | | | |
| | University of Louisville | Pathologist | | | | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | | 500.00 |] | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Dr. Christopher Ross Price MD | | | | Date of | f Re | ceipt | | | | | | | | |
| | Mailing Address 1899 Eider Ct | | 04 02 2013 | | | | | | | | | | | | |
| | City | State | Zip Code | | Trans | actio | on ID : | SA11AI | 48842 | | | | | | |
| | Tallahassee | FL | 32308-4537 | / | Amoun | t of | Each R | eceipt tl | his Perio | bd | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 500.00 | | | | | | | | | | | |
| | Name of Employer KWB Pathology Associates | Occupation Pathologist | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 |] | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Dr. James Edward Richard DO | | | | Date of | f Re | ceipt | | | | | | | | |
| | Mailing Address 2508 S Cedar St | | 04 22 2013 | | | | | | | | | | | | |
| | City | State | Zip Code | | | | | SA11A | | | | | | | |
| | Lansing | MI | 48910 | / | Amoun | t of | Each R | eceipt t | his Perio | bd | | | | | |
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| | CAP Lab-PLC | Pathologist | | | | | | | | | | | | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | , F | | | | | | | | | | |
| $\left \right\rangle$ | College of American Pathologis | ts Politica | al Action Committee | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Michele T Rooney MD | | | | Date of | Rece | eipt | | | _ | | | |
| | Mailing Address 3601 W 13 Mile Rd | M M / D D / Y Y Y Y Y Y 04 02 2013 | | | | | | | | | | | |
| | City Boyal Oak | State MI | Zip Code 48073-6769 | | | | | SA11AI. | | | | | |
| | Royal Oak | iVII | 40073-0709 | — | Amount | of E | ach Re | eceipt th | nis Peri | iod | _ | | |
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| | Beaumont Health System | Pathologist | | | | | | | | | | | |
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| | Other (specify) | | 500.00 | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Assad J Saad MD | | | | Date of | Rece | eipt | | | | | | |
| | Mailing Address Dept of Path 1411 N Beckley Ave Ste 174 | | | 04 19 2013 | | | | | | | | | |
| | City | State | Zip Code | | | | | SA11AL | | | | | |
| | Dallas | тх | 75203 | - | Amount | of E | ach Re | eceipt th | ns Peri | iod | _ | | |
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| | Name of Employer Prism Pathology | Occupation Pathologist | | | | | | | | | | | |
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| | Primary General Other (specify) | | 1000.00 | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Dr. Michael F. Schaldenbrand MD |) | | | Date of | Rece | eipt | | | | | | |
| | Mailing Address Department of Pathology PO Box 2500 | | | | м м 04 | 1 | D D 09 | / Y | y 2013 | | 1 | | |
| | City | State | Zip Code | | | | | SA11AI. | | | | | |
| | Dearborn | MI | 48123-2500 | _ | Amount | of E | ach Re | eceipt th | nis Peri | iod | _ | | |
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| | Oakwood Hosp & Med Ctr Receipt For: | Pathologist | | | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| | College of American Pathologis | sts Politica | al Action Comn | nittee | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Mark S Synovec MD | Date of | Receip | ot | | | | | | | | | | | | |
| | Mailing Address Lab | M M | / D | D | / Y | Y Y | Y | | | | | | | | | |
| | 1500 SW 10th Ave City | State | Zip Code | | 04 Trana | action I | 19 D : S/ | A11AI.48 | 2013 | _ | | | | | | |
| | Topeka | KS | 66604-1301 | | | | | - | | | | | | | | |
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| | Name of Employer | Occupation | | | _ | | | | | | | | | | | |
| | Stormont-Vail Reg Health Ctr | Pathologist | | | | | | | | | | | | | | |
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| | Primary General Other (specify) | | 7 7 | 750.00 | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Dr. Paula E Szypko MD | | | | Date of | Receip | ot | | | | | | | | | |
| | Mailing Address 6125 Prickley Pear LN | | 04 / Y Y Y Y Y 04 19 2013 | | | | | | | | | | | | | |
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| | Jackson | WY | | Amount | of Eac | h Rec | ceipt this | Period | | | | | | | | |
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| | Name of Employer unaffiliated | Occupation Pathologist | | | - | | | | | | | | | | | |
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| с. | Full Name (Last, First, Middle Initial) Dr Jerome S Wilkenfeld MD | | | | Date of | Receip | ot | | | | | | | | | |
| | Mailing Address PO Box 690685 | | 04 02 2013 | | | | | | | | | | | | | |
| | City | State TX | Zip Code 77269-0685 | | | | | A11AI.48 | | | | | | | | |
| | Houston | | 77209-0005 | _ | Amount | of Eac | h Rec | ceipt this | Period | | | | | | | |
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| | Name of Employer | | - | | | | | | | | | | | | | |
| | North Cypress Medical Ctr | | | | | | | | | | | | | | | |
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| | College of American Pathologis | ts Politica | al Action Committee | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Dr. Joseph T Wilson MD | | | | Date o | of Do | opint | | | | | |
| А. | Mailing Address 411 E Matthews Ave | | | | | | |) / Y | Y | Y Y | <i>(</i> | |
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| | City Jonesboro | State AR | Zip Code 72401-3142 | | | | | SA11AI Receipt tl | | | | |
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| | federal political committee. | C | | | <u> </u> | - | , | | _ | 250.0 | | |
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| | Doctors' Anatomic Path Svcs, PA Receipt For: | Pathologist | | _ | | | | | | | | |
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| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Β. | Dr. John Andrew Wright MD | | | _ | Date o | of Re | eceipt | | | | | |
| | Mailing Address 1001 S George St | | | | | | 23 | | 201 | ү ү З | | |
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| | Name of Employer York Hospital | Occupation | | | | | | | | | | |
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| | Mailing Address P.O. Box 85024 | | | 04 03 2013 | | | | | | | | | | | | | | | |
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| Β. | Sun Trust Bank | | | | | | | | Date of Disbursement | | | | | | | | | | |
| | Mailing Address D.O. D | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 85024 | | | | | | | 04 18 2013 | | | | | | | | | | | |
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| | Purpose of Disbursement | •/(| _ | | _ | | | | | | | | | | | | | | |
| | Suntrust Account Analysis Fee | | | | | | Amount of Each Disbursement this Period | | | | | | | | | | | | |
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| | State: District: | | | | | | | | | | | | | | | | | | |
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