



**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.....	446614.69	
(c) Total Receipts (from Line 19) .....	25646.00	100842.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(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 <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:  /  /

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 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
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))..... ▶	25646.00	100842.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25646.00	100842.00

**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 .....	104.40	381.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	104.40	381.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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)) ..	104.40	79381.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	104.40	79381.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

**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 6 OF 18
<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

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 Maureen S Bauer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 South Bend Dr  
 City Durham State NC Zip Code 27713-6194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duke University Hospital 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  
 04 / 14 / 2013  
**Transaction ID : SA11AI.48919**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Alyson Miller Booth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Michigan St  
 City Grand Rapids State MI Zip Code 49503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Health Pathology Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : SA11AI.48849**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Noel Anderson Brownlee MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Riverlook Ln  
 City Piedmont State SC Zip Code 29673-6587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Joseph Medical Center Laboratory 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  
 04 / 12 / 2013  
**Transaction ID : SA11AI.48873**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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 7 OF 18
<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. Michael B Cohen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 Circle of Hope N3170  
 City State Zip Code  
 Salt Lake City UT 84112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Huntsman Cancer Hospital 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  
 04 / 25 / 2013  
**Transaction ID : SA11AI.48911**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Earle S Collum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PMB 664  
 10645 W Tatum Blvd Ste C200  
 City State Zip Code  
 Phoenix AZ 85028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pathology Associates LTD Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 06 / 2013  
**Transaction ID : SA11AI.48865**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Michael A. Deck MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6124 W Parker Rd Ste G36  
 City State Zip Code  
 Plano TX 75093-8124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MD Pathology Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.48830**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<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 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Dr. Robert P DeCresce MD,MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Jelke Bldg, Rm 532  
 1750 W Harrison  
 City Chicago State IL Zip Code 60612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Pathology Consultants Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.48832**  
 Amount of Each Receipt this Period  
**2500.00**

**B. Dr. Torsten Ehrig MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Florence Rd Apt 41  
 City Branford State CT Zip Code 06405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatopathology Laboratory of New Eng 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  
 04 / 19 / 2013  
**Transaction ID : SA11AI.48888**  
 Amount of Each Receipt this Period  
**300.00**

**C. Dr Renee R Ellerbroek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1212 Pleasant St Ste LL3  
 City Des Moines State IA Zip Code 50309-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Laboratory PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.48889**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3800.00</b>
<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 9 OF 18
	<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. James B Elston MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
4200 Houma Blvd

City State Zip Code  
Metairie LA 70006-2970

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

Name of Employer Occupation  
East Jefferson Genl Hosp 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  
04 / 02 / 2013  
**Transaction ID : SA11AI.48834**

Amount of Each Receipt this Period  
250.00

**B. Dr. Steven V. Foster MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Path Lab  
1441 N Beckley Ave

City State Zip Code  
Dallas TX 75203-1201

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

Name of Employer Occupation  
Methodist Dallas Medical Center 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  
04 / 19 / 2013  
**Transaction ID : SA11AI.48890**

Amount of Each Receipt this Period  
500.00

**C. Dr. Alan F Frigy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
1800 E Lake Shore Dr

City State Zip Code  
Decatur IL 62521-3810

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

Name of Employer Occupation  
St Mary's Hospital 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  
04 / 02 / 2013  
**Transaction ID : SA11AI.48837**

Amount of Each Receipt this Period  
1000.00

<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: PAGE 10 OF 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**College of American Pathologists Political Action Committee**

**A. Dr. Guy C Glenn MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3225 Jack Burke Ln  
City Billings State MT Zip Code 59106-1113  
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 400.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : SA11AI.48892**  
Amount of Each Receipt this Period 350.00

**B. Dr. Lauren A Hammock MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 72059  
City Eugene State OR Zip Code 97401-0285  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pathology Consultants PC Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : SA11AI.48893**  
Amount of Each Receipt this Period 500.00

**C. Dr. John R. Harbour MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 416 Wellfield Rd  
City Manakin Sabot State VA Zip Code 23103-2917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bon Secours St. Mary's Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 18 / 2013  
**Transaction ID : SA11AI.48880**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1100.00  
**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 11 OF 18
	<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. Randall C Hastedt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8144 Linden Leaf Cir  
 City Columbus State OH Zip Code 43235-4617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mount Carmel St. Ann's Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 04 / 2013**  
**Transaction ID : SA11AI.48852**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Michael George Hitchcock MBChB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3195 Maplewood Ave Ste 102  
 City Winston Salem State NC Zip Code 27103-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Path Diag Lab Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2013**  
**Transaction ID : SA11AI.48913**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Gordon Dwight Honda MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Park Creek Dr  
 City Clovis State CA Zip Code 93611-4426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Path Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 19 / 2013**  
**Transaction ID : SA11AI.48894**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<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 12 OF 18
<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. Herman S Hurwitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 Annapolis Ln.  
 City State Zip Code  
 Cherry Hill NJ 08003-2800  
 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  
 M M / D D / Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : SA11AI.48883**  
 Amount of Each Receipt this Period  
**250.00**

**B. Mr. George Knapman MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67801 Yankee LN  
 City State Zip Code  
 Edwardsburg MI 49112-9627  
 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 **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : SA11AI.48918**  
 Amount of Each Receipt this Period  
**450.00**

**C. Dr. Alan Levin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 SE Hillmoor Dr Ste C-11  
 City State Zip Code  
 Port Saint Lucie FL 34952-7541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Lucie Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : SA11AI.48856**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</b>
<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 13 OF 18  
(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. John C Maddox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 500 J Clyde Morris Blvd  
 City Newport News State VA Zip Code 23601-1975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Reg Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.48896**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John Nachazel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 Lachman Ln  
 City Pacific Palisades State CA Zip Code 90272-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dignity Health-California Hospital Med 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  
 04 / 02 / 2013  
**Transaction ID : SA11AI.48840**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Margaret H Neal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1899 Eider Ct  
 City Tallahassee State FL Zip Code 32308-4537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KWB Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2013  
**Transaction ID : SA11AI.48874**  
 Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3050.00  
**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 14 OF 18  
(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. Joseph Corbin Parker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4606 Wolfcreek Pkwy  
 City Louisville State KY Zip Code 40241-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Louisville Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.48898**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Christopher Ross Price MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1899 Eider Ct  
 City Tallahassee State FL Zip Code 32308-4537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KWB Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.48842**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. James Edward Richard DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2508 S Cedar St  
 City Lansing State MI Zip Code 48910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAP Lab-PLC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : SA11AI.48909**  
 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 15 OF 18
<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. Michele T Rooney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 W 13 Mile Rd  
 City Royal Oak State MI Zip Code 48073-6769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaumont Health System Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2013**  
**Transaction ID : SA11AI.48844**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Assad J Saad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 1411 N Beckley Ave Ste 174  
 City Dallas State TX Zip Code 75203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prism Pathology Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 19 / 2013**  
**Transaction ID : SA11AI.48901**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Michael F. Schaldenbrand MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology PO Box 2500  
 City Dearborn State MI Zip Code 48123-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oakwood Hosp & Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : SA11AI.48872**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</b>
<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 16 OF 18
	<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. Mark S Synovec MD</b>		Date of Receipt
Mailing Address Lab 1500 SW 10th Ave		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Topeka	State KS	Zip Code 66604-1301
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.48884</b>
Name of Employer Stormont-Vail Reg Health Ctr		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="750.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Paula E Szytko MD</b>		Date of Receipt
Mailing Address 6125 Prickley Pear LN		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Jackson	State WY	Zip Code 83001-9584
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.48907</b>
Name of Employer unaffiliated		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr Jerome S Wilkenfeld MD</b>		Date of Receipt
Mailing Address PO Box 690685		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City Houston	State TX	Zip Code 77269-0685
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.48847</b>
Name of Employer North Cypress Medical Ctr		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

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

FOR LINE NUMBER: PAGE 17 OF 18  
(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. Joseph T Wilson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 E Matthews Ave  
 City Jonesboro State AR Zip Code 72401-3142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctors' Anatomic Path Svcs, PA 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  
 04 / 06 / 2013  
**Transaction ID : SA11AI.48863**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John Andrew Wright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 S George St  
 City York State PA Zip Code 17403-3676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer York Hospital 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  
 04 / 23 / 2013  
**Transaction ID : SA11AI.48910**  
 Amount of Each Receipt this Period  
 300.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22450.00

**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 Discount

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 Y Y  
04 / 03 / 2013

**Transaction ID : SB21B.48825**

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 Y Y  
04 / 18 / 2013

**Transaction ID : SB21B.48826**

Amount of Each Disbursement this Period

62.50

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 Y Y

Amount of Each Disbursement this Period

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

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

104.40

104.40