Image# 13942519827				PAGE 1 / 25
	PORT OF RE	MENTS		
1. NAME OF TYPE	E OR PRINT V F	ample: If typing, type	Office U	se Only
COMMITTEE (in full)		ver the lines.	12FE4M5	
College of American Patho	ologists Political Action	Committee		
ADDRESS (number and street)	350 I Street, NW			
Check if different	uite 590			
than previously W reported. (ACC)	/ashington		DC 2000	5
2. FEC IDENTIFICATION NUMB		:	STATE 🔺	ZIP CODE
С С00274944	3. IS THIS REPOR	T X (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (i (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20 (M:		Aug 20 (M8) Sep 20 (M9)	 Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4	Jul 20 (M7)	Oct 20 (M10)	
Quarterly Report (Q1)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D D /	YYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y = Y = Y = Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2013	through 10	/ D D / Y Y 31 20	13
I certify that I have examined this Re	eport and to the best of my kn	owledge and belief it is tru	e, correct and comple	ete.
Type or Print Name of Treasurer D	r. Renee R. Ellerbroek			
Signature of Treasurer	R. Ellerbroek	[Electronically Filed]	Date 11 19) / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous,	or incomplete information may	subject the person signing th	nis Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

11/19/2013 11 : 35

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:		10 / D D / Y Y Y Y 10 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		450695.89
	(b) Cash on Hand at Beginning of Reporting Period	451943.29	
	(c) Total Receipts (from Line 19)	37420.00	202499.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	489363.29	653194.89
7.	Total Disbursements (from Line 31)	14592.40	178424.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	474770.89	474770.89
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

	DETAILED SUMMARY PAGE	7
FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
College of American Patholog	ists Political Action Committee	
Report Covering the Period: From:	10 / D D / Y Y Y Y 10 01 2013	To: 10 / D D / Y Y Y Y Y 10 31 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:	:	
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	31990.00	165209.00
(i) Remized (use Schedule A)		
(ii) Unitemized	5430.00	34508.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	► 37420.00	199717.00
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	> 37420.00	199717.00
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received		0.00
15. Offsets To Operating Expenditures		7 7
(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		2782.00
17. Other Federal Receipts		17 17 17
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin		
(a) Non-Federal Account		
(from Schedule H3)	0.00	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),		000100.00
12, 13, 14, 15, 16, 17, and 18(c))	> 37420.00	202499.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	> 37420.00	202499.00

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DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Ope (a)	erating Expenditures: 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	92.40	924.00
(c)	Total Operating Expenditures		
) Tra	(add 21(a)(i), (a)(ii), and (b))► nsfers to Affiliated/Other Party	92.40	924.00
Cor	nmittees	0.00	0.00
 Cor Fec and 	ntributions to Jeral Candidates/Committees I Other Political Committees	14500.00	180000.00
	ependent Expenditures	0.00	0.00
(use 5. Coc (2 I	e Schedule E) ordinated Party Expenditures U.S.C. §441a(d))		
(use	e Schedule F)	0.00	0.00
6. Loa	an Repayments Made	0.00	0.00
7. Loa	ns Made	0.00	0.00
	unds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	0.00
			5000.00
(b) (c)	Political Party Committees Other Political Committees	0.00	-5000.00
(-)	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds	0.00	5000.00
	(add Lines 28(a), (b), and (c))►		-5000.00
9. Oth	er Disbursements	0.00	2500.00
). Fec (a)	deral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
(/	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	
(৮)	(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
. Tot:	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	14592.40	178424.00
. Tota	al Federal Disbursements		
	btract Line 21(a)(ii) and Line 30(a)(ii)	14592.40	178424.00
ron	n Line 31) 🕨	14092.40	7 7 7

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DETAILED SUMMARY PAGE

of Disbursements

II. 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) 	37420.00	199717.00
I. Total Contribution Refunds (from Line 28(d))	0.00	-5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37420.00	204717.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	92.40	924.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	92.40	924.00

FOR LINE NUMBER:

PAGE 6 OF

IT.		Use separate schedule(s)			neck onl									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c		2 16	17			
	ny information copied from such Reports and s for commercial purposes, other than using th				for the		pose of	soliciting	g conti	ributio	ons			
	NAME OF COMMITTEE (In Full) College of American Pathologis	sts Politica	al Action Committee											
A.	Full Name (Last, First, Middle Initial) Dr. Charles L. Abbott MD				Date o	f Re	eceipt							
	Mailing Address Dept of Path & Clin Labs 725 North St			10 / Y Y Y Y 2013										
	City Pittsfield	State MA	Zip Code 01201-4109					SA11AI						
	FEC ID number of contributing federal political committee.	С					7			500.0	00			
	Name of Employer Berkshire Health Systems	Occupation Pathologist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
в.	Full Name (Last, First, Middle Initial) Dr. Michael Isaac Argyres MD				Date o	f Re	eceipt							
	Mailing Address Dept of Pathology 10400 75th St	01.14	7. 0.1		м м 10	/	28	/ Y	201	ү ү 3	ſ			
	City Kenosha	State WI	Zip Code 53142-7884					SA11AI. eceipt th						
	FEC ID number of contributing federal political committee.	С	50							0				
	Name of Employer Aurora Med Ctr-Kenosha	Occupation Pathologist												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00											
— C.	Full Name (Last, First, Middle Initial) DR NICOLE N Balmer				Date of	f Re	eceipt							
	Mailing Address 1899 Eider Ct				м м 10	/	22	/ Y	201		Y			
	City Tallahassee	State FL	Zip Code 32309				-	SA11AI						
	FEC ID number of contributing federal political committee.	С						eceipt th		250.0	00			
	Name of Employer	Occupation												
	KWB Pathology Associates	Pathologist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
\vdash	CUBTOTAL of Receipts This Page (optional)			▶ -			7	7	12	250.0	0			

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

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	(check only X 11a 13	y one)	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the	purpose of	soliciting	contribut	tions
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Ac	tion Committee					
Full Name (Last, First, Middle Initial) O. Cathy Blight Dr. Mailing Address Department of Pathology One Hurley Plaza City Flint FEC ID number of contributing		ip Code I8503	Date of 10 Trans Amount	2013 49861 is Period 500.	Ŷ		
federal political committee. Name of Employer Hurley Med Ctr Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-t	o-Date ▼ 500.00		- 49. I		300	
Full Name (Last, First, Middle Initial) B. L Curtis Buchholz Dr. Mailing Address Lab 44455 Sterling Hwy City Soldotna FEC ID number of contributing	AK 9	ïp Code 9669	10 Trans	Receipt / 29 action ID : of Each R	SA11AI.4	is Period	Y
federal political committee. Name of Employer Peninsula Pathology Institute Receipt For: □ Primary □ General Other (specify) ▼	C Occupation Pathologist Aggregate Year-t	o-Date ▼ 500.00				500.	00
Full Name (Last, First, Middle Initial) C. DR PETER R Burke			_	Receipt			
Mailing Address Dept of Pathology 133 Fairfield St City St Albans FEC ID number of contributing federal political committee. Name of Employer Northwestern MED CTR Receipt For: □ Primary □ General ○ther (specify) ▼		ip Code 15478-1726 o-Date ▼ 250.00		action ID :	SA11AI.		
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number					- 7	1250.	00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 OF 25 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Alfred W Campbell MD Mailing Address 319 Hidden Creek Circle City Spartanburg FEC ID number of contributing federal political committee. Name of Employer Spartanburg Regional Med Ctr Receipt For: Primary	State Zip Code SC 29306 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Diana Marcella Cardona MD	750.00	Date of Receipt
Mailing Address 1144 Pebble Creek Xing	10 29 2013 Transaction ID : SA11AI.49865	
Durham FEC ID number of contributing federal political committee.	NC 27713-8959	Amount of Each Receipt this Period
Name of Employer Duke University Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 290.00]
C. Full Name (Last, First, Middle Initial) Dr. Michael B Cohen MD Mailing Address 1950 Circle of Hope N3170	,	Date of Receipt
City Salt Lake City	State Zip Code UT 84112	10 08 2013 Transaction ID : SA11AI.49799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Huntsman Cancer Hospital Receipt For:	Occupation Pathologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (optional)		1290.00

Use separate schedule(s)

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PAGE 9 OF

IT	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page			only 1a	y on	e) 11b	11c						
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	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) College of American Pathologis	ts Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Gary L Cooper MD Mailing Address 501 20th St Ste G3			Date of Receipt										
	City Knoxville	State TN	Zip Code 37916-1890	Transaction ID : SA11AI.49843 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,		1	000.0	0			
	Name of Employer	Occupation												
	Innovative Pathology Services Receipt For:	Pathologist		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name (Last, First, Middle Initial) P James Craig Dr.			Da	te of	Re	ceipt							
	Mailing Address 501 20th St Suite G3	Olaha	7. 0.1	4 L	м 10	/	D D D 28	JL	2013					
	City Knoxville	State TN	Zip Code 37916-1890					SA11AI. leceipt tl						
	FEC ID number of contributing federal political committee.	С					,			250.0	0			
	Name of Employer St Mary's Hith Sys	Occupation Pathologist												
	Receipt For:	0	Year-to-Date ▼	_										
	Other (specify)		250.00											
с.				Da	te of	Re	ceipt							
	Mailing Address Dept of Path Box 3712			M	м 10	/	29) / Y	2013					
	City Durham	State NC	Zip Code 27710					SA11AI						
	FEC ID number of contributing federal political committee.	С			iourn	. 01		leceipt tl		500.0	0			
	Name of Employer	Occupation												
	Duke Univ Hosp & Health System	Pathologist		_										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		500.00											
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12 16	17			
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	NAME OF COMMITTEE (In Full)													
	College of American Patholog	sts Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr. Craig A Dise MD,PhD				Date of	f Re	eceipt							
	Mailing Address Dept of Path 100 Madison Ave			10 22 2013										
	City Morristown	State NJ	Zip Code 07960-6136				ion ID : Each Re							
	FEC ID number of contributing federal political committee.	С					7	5	ł	1000.(00			
	Name of Employer	Occupation												
	Morristown Mem Hosp Receipt For:	Pathologist												
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		2000.00	4										
в.	Full Name (Last, First, Middle Initial) Dr. Theresa S Emory MD	1			Date of	f Re	eceipt							
	Mailing Address 1918 W State St				M M	/	08	/ Y	_ 201		Y			
	City	State	Zip Code			acti	ion ID : S	SA11AI.						
	Bristol	TN	37620-1940		Amount	t of	Each R	eceipt th	nis Pe	eriod				
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	Name of Employer Highlands Pathology Consultants, PC	Occupation Pathologist												
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		1000.00	1										
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Marianne L. Feran MD				Date of	f Re	eceipt							
	Mailing Address 23 Whittier St				м м 10	/	D D 28	/ Y	201		Y			
	City	State	Zip Code		Trans	act	ion ID :	SA11AI	.4984	6				
	Melrose	MA	02176-3601		Amount	t of	Each R	eceipt th	nis Pe	eriod				
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	Name of Employer	Occupation												
	Hallmark Hith	Pathologist												
	Receipt For:	Aggregate	Year-to-Date ▼											
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IT.	EMIZED RECEIPTS	Use separate schedule(s)			(check only one)								
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12		17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contri	butio	ns		
	NAME OF COMMITTEE (In Full) College of American Pathologis	ts Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) R. Matthew Foster Dr.				Date of	f Re	eceipt						
	Mailing Address Laboratory 1905 Atherholt Rd				10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Lynchburg	State VA	Zip Code 24509					SA11AI		od			
	FEC ID number of contributing federal political committee.	С					,		5	500.00	0		
	Name of Employer	Occupation											
	Pathology Consultants of Central VA Receipt For:	Pathologist		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
B R	Full Name (Last, First, Middle Initial) Dr. Mary Elizabeth Fowkes MD,PhD)			Date of	f Re	ceint						
D .	Mailing Address 5137 Tauten Square	·			10 Date 0	/	29	/ Y	_2013		1		
	City	State	Zip Code		Trans		on ID :	SA11AI.	49879				
	Louisville	KY	40241	_ /	Amoun	t of	Each R	eceipt th	nis Peri	od			
	FEC ID number of contributing federal political committee.	С					7	7	4	00.00)		
	Name of Employer Mt Sinai Schl of Med	Occupation Pathologist											
	Receipt For:		Year-to-Date ▼										
	Other (specify)		400.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Robert Anthony Frazier Jr MD				Date of	f Re	eceipt						
	Mailing Address 733 Boush St Ste 200				м м 10	/	D D 30	/ Y	2013		1		
	City Norfolk	State VA	Zip Code 23510-1501					SA11AI eceipt th		od			
	FEC ID number of contributing federal political committee.	С					,			000.0	0		
	Name of Employer	Occupation	 	_									
	Dominion Pathology Laboratories	Pathologist											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		3500.00										
⊢	UBTOTAL of Receipts This Page (optional)					-	3	- 7	190	00.00			
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ı÷.		<i>.</i>	Use separate schedule(s)	(check only one)										
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c 15	12		17			
	ny information copied from such Reports and for commercial purposes, other than using				for the	purpo	ose of	soliciting	contrib		IS			
	NAME OF COMMITTEE (In Full)													
\rangle	College of American Patholog	jists Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr. David L. Gang MD				Date of	Rec	eipt							
	Mailing Address Dept of Path 759 Chestnut St			10 / Y Y Y Y 22 2013										
	City Springfield	State MA	Zip Code 01199-1001	Transaction ID : SA11AI.49819 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C				. ,				0.00				
	Name of Employer Baystate Med Ctr	Occupation Pathologist												
	Receipt For:		Year-to-Date ▼											
	Primary General	Aggregate		11										
	Other (specify)		500.00	4										
в.	Full Name (Last, First, Middle Initial) E Jack Garon Dr.				Date of	Rec	eipt							
	Mailing Address Dept of Path 1500 S Calif Ave				м м 10	/	D D D 29	/ Y	2013	Y				
	City	State	Zip Code		Trans	actio	n ID : S	SA11AI.			<u> </u>			
	Chicago	IL	60608-1797	/	Amount	of E	ach R	eceipt th	is Perio	d				
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	Name of Employer Mt Sinai Hosp Med Ctr	Occupation Pathologist												
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00]										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Steven P Goetz MD				Date of	Rec	eipt							
	Mailing Address Dept of Path 1000 4th St SW				м м 10	/	D D 29	/ Y	2013	Y				
	City	State	Zip Code		Trans	actic	on ID :	SA11AI.	49887					
	Mason City	IA	50401-2800		Amount	of E	ach R	eceipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С				. ,			50	0.00				
	Name of Employer	Occupation												
	Mercy Med Ctr-North Iowa	Pathologist												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00]										
⊢	CUBTOTAL of Receipts This Page (optional)								110	0.00				

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	neck only	y or	ne)				
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Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pe ddress of any political committee	erson e to s	for the	pur ntrib	pose of	soliciting	g con	ntribut	ions
$\left[\right]$	NAME OF COMMITTEE (In Full)										
	College of American Pathologis	ts Politica	I Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Richard R. Gomez MD				Date of	Re	eceipt				
	Mailing Address Laboratory 1700 SW 7th St				M M	1	D D D 22	/ Y) 13	Y
	City Topeka	State KS	Zip Code 66606-2489				ion ID : : Each Re				
	FEC ID number of contributing federal political committee.	С					5	7		500.	00
	Name of Employer St Francis Hlth Ctr	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Dr. Joseph J. Goswitz MD				Date of	Re	eceipt				
	Mailing Address 311 Woodlawn Ave				10	1	31	/ Y	20 ⁻	ү 13	Y
	City Saint Paul	State MN	Zip Code 55105-1239				on ID : S				
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	Name of Employer Mercy Hospital	Occupation Pathologist									
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<u> </u>	Full Name (Last, First, Middle Initial) S Gregory Henderson Dr.				Date of	Re	eceipt				
	Mailing Address Department of Pathology 2520 Cherry Avenue				M M 10	/	03	/ Y	ү 20	ү 13	Y
	City Bremerton	State WA	Zip Code 98310				ion ID :				
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Full Name (Last, First, Middle Initial) A. Dr. William F. Hickey MD				Date of	Re	ceipt				
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San Antonio	ТХ	78209-3753		Amount	t of	Each R	Receipt th	nis Perio	bd	
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Full Name (Last, First, Middle Initial) A. J. Paul McCarthy Dr.			[Date of	f Re	eceipt				
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Name of Employer Parkview Med Ctr	Occupation Pathologist									
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Full Name (Last, First, Middle Initial) B. Dr. Michael Daniel McEachin Ml	D, MBA			Date of	f Re	eceipt				
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l	Name of Employer University of Texas-Houston Medical Sc	Occupation Pathologist									
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B .	Full Name (Last, First, Middle Initial) Dr. Julia E. Mooney MD Mailing Address 2036 Railroad Ave				Date of	f Rec	ceipt	()Y	Y		_
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	Full Name (Last, First, Middle Initial) DR ANN T Moriarty				Date of	f Rec	ceipt				
1	Mailing Address 3643 Delaware Commons S E)r			м м 10	/	D D 29	/ Y	2013		
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Α.	Full Name (Last, First, Middle Initial) E. Raouf Nakhleh Dr.				Date of	Re	ceipt				
	Mailing Address Department of Pathology 4201 Belfort Rd				м м 10	/	02	/ Y	ү 201	3	ſ
	City Jacksonville	State FL	Zip Code 32216					SA11AI. eceipt th			
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	Name of Employer St. Luke's Hosp	Occupation Pathologist									
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в.	Full Name (Last, First, Middle Initial) Dr. Gary F Neitzel				Date of	Re	ceipt				
	Mailing Address Laboratory 2900 W. Oklahoma Avenue				м м 10	1	29	/ Y	Y 201		
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	Name of Employer St. Luke's Med Ctr	Occupation Pathologist									
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<u>с</u> .	Full Name (Last, First, Middle Initial) M. James Pappas Dr.				Date of	Re	ceipt				
	Mailing Address 2215 Canyon Drive				м м 10	/	29	/ Y	201		
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Full Name (Last, First, Middle Initial) A. Dr. Charles F Romberger MD				Date of	Re	ceipt				
Mailing Address Dept of Lab 555 N Duke St				M M	1	D D D 30	/ Y	20 ²	Y 13 _	Y
City Lancaster	State PA	Zip Code 17602-2250					SA11AI eceipt tl	.49894	4	
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Name of Employer Lancaster General Hospital	Occupation Pathologist									
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Full Name (Last, First, Middle Initial) B. Dr. David Mark Rowe MD				Date of	Re	ceipt				
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Charlottesville	VA	22901-3405					SA11AI. eceipt th			
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Name of Employer University of Virginia	Occupation Pathologist	1								
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Full Name (Last, First, Middle Initial) C. Weldon Sanford				Date of	Re	ceipt				
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City Manchester	State NH	Zip Code 03108-5528				-	SA11AI			
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Α.	Full Name (Last, First, Middle Initial) Dr. Conrad Schuerch MD				Date of	Re	ceipt				
	Mailing Address Laboratory Medicine 100 N Academy Ave				м м 10	/	29	/ Y	2013		
	City Danville	State PA	Zip Code 17822-9800					SA11AI. eceipt th		od	
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	Name of Employer Geisinger Med Ctr	Occupation Pathologist									
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в.	Full Name (Last, First, Middle Initial) Norton Christine Sillings Dr.				Date of	Re	ceipt				
	Mailing Address WakeMed Hospital 3000 New Bern Ave				м м 10	1	31	/ Y	2013		
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	City St Louis Park	State MN	Zip Code 55426					SA11AI.			-
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	Park Nicollet Methodist Hospital	Pathologist									
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Α.	Full Name (Last, First, Middle Initial) Dr. V. O. Speights Jr DO				Date of	Re	ceipt				
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в.	Full Name (Last, First, Middle Initial) Dr. Susan E Spires MD				Date of	Re	ceipt				
	Mailing Address 284 Chippen Dale Cir				M M	/	08	/ Y	ү ү 2013	Y	1
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	Name of Employer UKHealthcare Good Samaritan Hospital	Occupation Pathologist									
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С.	Full Name (Last, First, Middle Initial) Dr. Paul N. Valenstein MD				Date of	Re	ceipt				
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	St Joseph Mercy Hospital	Pathologist									
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А.	Full Name (Last, First, Middle Initial) Dr. Ronald L. Weiss MD,MBA				Date of	Re	ceipt				
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	City Salt Lake City	State UT	Zip Code 84108-1221					SA11AI Receipt tl			
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	Name of Employer ARUP Laboratories Inc	Occupation Pathologist									
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в.	Full Name (Last, First, Middle Initial) Dr. Jeff A. Welsh MD				Date of	Re	ceipt				
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	City West Columbia	State SC	Zip Code 29169-4810	-				SA11AL Receipt th			
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	The Delta Pathology Group, LLC	Pathologist									
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Full Name (Last, First, Middle Initial) A. Jiong Zhang				Date of	f Re	ceipt				
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в.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS						[Date of	Dis	sburse	emer	t				
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	Mailing Address PO Box 23940							10		3	30		20	013		
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	NAME OF COMMITTEE (In Full)												
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-	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE						Date of Disbursement						
	Mailing Address 320 FIRST STREET						10 30 2013						
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В.	Full Name (Last, First, Middle Initial) REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSK Mailing Address P. O. BOX 1011				SKAM PAC)			Date of Disbursement					
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