

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 10 / 01 / 2013 through 10 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Dr. Renee R. Ellerbroek [Electronically Filed] Date 11 / 19 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		450695.89
(b) Cash on Hand at Beginning of Reporting Period.....	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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	31990.00	165209.00
(ii) Unitemized	5430.00	34508.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37420.00	199717.00
(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)	37420.00	199717.00
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	2782.00
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))..... ▶	37420.00	202499.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37420.00	202499.00

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
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	92.40	924.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92.40	924.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	180000.00
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	-5000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-5000.00
29. Other Disbursements	0.00	2500.00
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)) ..	14592.40	178424.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14592.40	178424.00

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

**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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Charles L. Abbott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path & Clin Labs
 725 North St
 City Pittsfield State MA Zip Code 01201-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berkshire Health Systems 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
 10 / 30 / 2013
Transaction ID : SA11AI.49893
 Amount of Each Receipt this Period
500.00

B. Dr. Michael Isaac Argyres MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 10400 75th St
 City Kenosha State WI Zip Code 53142-7884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Med Ctr-Kenosha 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
 10 / 28 / 2013
Transaction ID : SA11AI.49848
 Amount of Each Receipt this Period
500.00

C. DR NICOLE N Balmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1899 Eider Ct
 City Tallahassee State FL Zip Code 32309
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : SA11AI.49827
 Amount of Each Receipt this Period
250.00

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

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

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

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

A. O. Cathy Blight Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 One Hurley Plaza
 City State Zip Code
 Flint MI 48503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hurley Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2013
Transaction ID : SA11AI.49861
 Amount of Each Receipt this Period
 500.00

B. L Curtis Buchholz Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab
 44455 Sterling Hwy
 City State Zip Code
 Soldotna AK 99669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Peninsula Pathology Institute 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
 10 / 29 / 2013
Transaction ID : SA11AI.49864
 Amount of Each Receipt this Period
 500.00

C. DR PETER R Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 133 Fairfield St
 City State Zip Code
 St Albans VT 05478-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern MED CTR Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2013
Transaction ID : SA11AI.49808
 Amount of Each Receipt this Period
 250.00

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

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

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

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

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

A. Dr. Alfred W Campbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Hidden Creek Circle
 City Spartanburg State SC Zip Code 29306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2013
Transaction ID : SA11AI.49854
 Amount of Each Receipt this Period
 750.00

B. Dr. Diana Marcella Cardona MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1144 Pebble Creek Xing
 City Durham State NC Zip Code 27713-8959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2013
Transaction ID : SA11AI.49865
 Amount of Each Receipt this Period
 40.00

C. Dr. Michael B Cohen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1950 Circle of Hope N3170
 City Salt Lake City State UT Zip Code 84112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Huntsman Cancer Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2013
Transaction ID : SA11AI.49799
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1290.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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 Gary L Cooper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 20th St Ste G3
 City Knoxville State TN Zip Code 37916-1890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Innovative Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 28 / 2013**
Transaction ID : SA11AI.49843
 Amount of Each Receipt this Period **1000.00**

B. P James Craig Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 20th St Suite G3
 City Knoxville State TN Zip Code 37916-1890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Mary's Hlth Sys Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 28 / 2013**
Transaction ID : SA11AI.49844
 Amount of Each Receipt this Period **250.00**

c. Dr. Rajesh Chandra Dash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path Box 3712
 City Durham State NC Zip Code 27710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke Univ Hosp & Health System Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 29 / 2013**
Transaction ID : SA11AI.49882
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 10 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Craig A Dise MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 100 Madison Ave
 City State Zip Code
 Morristown NJ 07960-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morristown Mem Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : SA11AI.49818
 Amount of Each Receipt this Period
 1000.00

B. Dr. Theresa S Emory MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 W State St
 City State Zip Code
 Bristol TN 37620-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Highlands Pathology Consultants, PC 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
 10 / 08 / 2013
Transaction ID : SA11AI.49803
 Amount of Each Receipt this Period
 1000.00

c. Dr. Marianne L. Feran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Whittier St
 City State Zip Code
 Melrose MA 02176-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hallmark Hlth 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
 10 / 28 / 2013
Transaction ID : SA11AI.49846
 Amount of Each Receipt this Period
 250.00

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

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

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

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

A. R. Matthew Foster Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Laboratory
 1905 Atherholt Rd
 City Lynchburg State VA Zip Code 24509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Consultants of Central VA 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
 10 / 28 / 2013
Transaction ID : SA11AI.49847
 Amount of Each Receipt this Period
500.00

B. Dr. Mary Elizabeth Fowkes MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5137 Tauten Square
 City Louisville State KY Zip Code 40241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt Sinai Schl of Med Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2013
Transaction ID : SA11AI.49879
 Amount of Each Receipt this Period
400.00

C. Dr. Robert Anthony Frazier Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 733 Boush St Ste 200
 City Norfolk State VA Zip Code 23510-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dominion Pathology Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2013
Transaction ID : SA11AI.49897
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	

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

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

Full Name (Last, First, Middle Initial) A. Dr. David L. Gang MD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2013 Transaction ID : SA11AI.49819
Mailing Address Dept of Path 759 Chestnut St		Amount of Each Receipt this Period 100.00
City Springfield	State Zip Code MA 01199-1001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Baystate Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. E Jack Garon Dr.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2013 Transaction ID : SA11AI.49874
Mailing Address Dept of Path 1500 S Calif Ave		Amount of Each Receipt this Period 500.00
City Chicago	State Zip Code IL 60608-1797	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Mt Sinai Hosp Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven P Goetz MD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2013 Transaction ID : SA11AI.49887
Mailing Address Dept of Path 1000 4th St SW		Amount of Each Receipt this Period 500.00
City Mason City	State Zip Code IA 50401-2800	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Richard R. Gomez MD

Full Name (Last, First, Middle Initial)
Mailing Address Laboratory
1700 SW 7th St

City Topeka State KS Zip Code 66606-2489

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

Name of Employer St Francis Hlth Ctr 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
 10 / 22 / 2013

Transaction ID : SA11AI.49829

Amount of Each Receipt this Period
500.00

B. Dr. Joseph J. Goswitz MD

Full Name (Last, First, Middle Initial)
Mailing Address 311 Woodlawn Ave

City Saint Paul State MN Zip Code 55105-1239

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

Name of Employer Mercy Hospital 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
 10 / 31 / 2013

Transaction ID : SA11AI.49901

Amount of Each Receipt this Period
250.00

c. S Gregory Henderson Dr.

Full Name (Last, First, Middle Initial)
Mailing Address Department of Pathology
2520 Cherry Avenue

City Bremerton State WA Zip Code 98310

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

Name of Employer PAKC/DSL 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
 10 / 03 / 2013

Transaction ID : SA11AI.49789

Amount of Each Receipt this Period
500.00

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

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

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

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

A. Dr. William F. Hickey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path/Borwell Bldg
 1 Medical Center Dr
 City Lebanon State NH Zip Code 03756-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Med School Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 13 / 2013**
Transaction ID : SA11AI.49810
 Amount of Each Receipt this Period **250.00**

B. Dr. Frederick L Kiechle MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 3501 Johnson St
 City Hollywood State FL Zip Code 33021-5421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Regional Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1020.00**

Date of Receipt **10 / 30 / 2013**
Transaction ID : SA11AI.49895
 Amount of Each Receipt this Period **500.00**

C. Dr. Daniel David Mais MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 Lamont Ave
 City San Antonio State TX Zip Code 78209-3753
 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 **2500.00**

Date of Receipt **10 / 08 / 2013**
Transaction ID : SA11AI.49793
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... **3250.00**
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 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. J. Paul McCarthy Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 400 W. 16th St.
 City Pueblo State CO Zip Code 81003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Med Ctr 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
 10 / 04 / 2013
Transaction ID : SA11AI.49791
 Amount of Each Receipt this Period
500.00

B. Dr. Michael Daniel McEachin MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address #1105
 285 Centennial Olympic Pk Dr
 City Atlanta State GA Zip Code 30313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Newnan Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2013
Transaction ID : SA11AI.49798
 Amount of Each Receipt this Period
1000.00

C. Dr. Arthur H McTighe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Chief of Path
 201 E University Pkwy
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2013
Transaction ID : SA11AI.49858
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
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 16 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. D. John Milam Dr.
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path & Lab Med MSB 2.022
6431 Fannin St

City Houston State TX Zip Code 77030-1501

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

Name of Employer University of Texas-Houston Medical Sc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 24 / 2013
Transaction ID : SA11AI.49838

Amount of Each Receipt this Period
500.00

B. Dr. Julia E. Mooney MD
Full Name (Last, First, Middle Initial)

Mailing Address 2036 Railroad Ave

City Redding State CA Zip Code 96001-1801

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

Name of Employer Shasta Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
10 / 31 / 2013
Transaction ID : SA11AI.49902

Amount of Each Receipt this Period
300.00

C. DR ANN T Moriarty
Full Name (Last, First, Middle Initial)

Mailing Address 3643 Delaware Commons S Dr

City Indianapolis State IN Zip Code 46220-3743

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

Name of Employer AmeriPath Indiana Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
10 / 29 / 2013
Transaction ID : SA11AI.49856

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

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

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

A. E. Raouf Nakhleh Dr.
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology
4201 Belfort Rd

City Jacksonville State FL Zip Code 32216

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

Name of Employer St. Luke's Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 02 / 2013
Transaction ID : SA11AI.49788

Amount of Each Receipt this Period
500.00

B. Dr. Gary F Neitzel
Full Name (Last, First, Middle Initial)

Mailing Address Laboratory
2900 W. Oklahoma Avenue

City Milwaukee State WI Zip Code 53215-4330

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

Name of Employer St. Luke's Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 29 / 2013
Transaction ID : SA11AI.49868

Amount of Each Receipt this Period
1000.00

C. M. James Pappas Dr.
Full Name (Last, First, Middle Initial)

Mailing Address 2215 Canyon Drive

City Colton State CA Zip Code 92324

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

Name of Employer Loma Linda Univ Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 29 / 2013
Transaction ID : SA11AI.49860

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 18 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Charles F Romberger MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Lab
555 N Duke St

City Lancaster State PA Zip Code 17602-2250

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

Name of Employer Lancaster General Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2013
Transaction ID : SA11AI.49894

Amount of Each Receipt this Period
500.00

B. Dr. David Mark Rowe MD
Full Name (Last, First, Middle Initial)

Mailing Address PRW Laboratories
3050 Berkmar Dr Ste A

City Charlottesville State VA Zip Code 22901-3405

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

Name of Employer University of Virginia Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 28 / 2013
Transaction ID : SA11AI.49839

Amount of Each Receipt this Period
1000.00

C. Weldon Sanford
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5528

City Manchester State NH Zip Code 03108-5528

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

Name of Employer Catholic Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 28 / 2013
Transaction ID : SA11AI.49852

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00

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 19 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Conrad Schuerch MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2013 Transaction ID : SA11AI.49863
Mailing Address Laboratory Medicine 100 N Academy Ave		Amount of Each Receipt this Period 150.00
City Danville	State PA Zip Code 17822-9800	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Geisinger Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Norton Christine Sillings Dr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : SA11AI.49898
Mailing Address WakeMed Hospital 3000 New Bern Ave		Amount of Each Receipt this Period 1500.00
City Raleigh	State NC Zip Code 27610-1231	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1500.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ross W Simpson MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2013 Transaction ID : SA11AI.49832
Mailing Address Dept of Path-Meadowbrook W101 6500 Excelsior Blvd		Amount of Each Receipt this Period 1000.00
City St Louis Park	State MN Zip Code 55426	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Park Nicollet Methodist Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2650.00
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 20 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. V. O. Speights Jr DO		Date of Receipt
Mailing Address Dept of Path MS-01-266 2401 S 31st St		M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2013
City	State	Zip Code
Temple	TX	76508-0001
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.49805
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Scott and White Memorial Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) B. Dr. Susan E Spires MD		Date of Receipt
Mailing Address 284 Chippen Dale Cir		M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2013
City	State	Zip Code
Lexington	KY	40517-4403
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.49802
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
UKHealthcare Good Samaritan Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul N. Valenstein MD		Date of Receipt
Mailing Address Department of Pathology 5301 E. Huron River Drive		M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2013
City	State	Zip Code
Ann Arbor	MI	48106-0955
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.49828
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
St Joseph Mercy Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 21 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Ronald L. Weiss MD,MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 500 Chipeta Way
 City State Zip Code
 Salt Lake City UT 84108-1221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ARUP Laboratories Inc 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
 10 / 29 / 2013
Transaction ID : SA11AI.49884
 Amount of Each Receipt this Period
 1000.00

B. Dr. Jeff A. Welsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lexington Medical Center
 Dept of Path
 City State Zip Code
 West Columbia SC 29169-4810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 unaffiliated 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
 10 / 08 / 2013
Transaction ID : SA11AI.49796
 Amount of Each Receipt this Period
 250.00

C. Allen William Wesche Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 2915 Missouri Ave
 City State Zip Code
 Shreveport LA 71109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Delta Pathology Group, LLC 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
 10 / 08 / 2013
Transaction ID : SA11AI.49806
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 22 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jiong Zhang

Mailing Address 140 Isle Creek Dr

City Memphis State TN Zip Code 38103-8999

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

Name of Employer Univ of Tennessee HSC 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
 10 / 08 / 2013

Transaction ID : SA11AI.49797

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	31990.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2013

Transaction ID : **SB21B.49904**

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

MM / DD / YYYY
10 / 21 / 2013

Transaction ID : **SB21B.49905**

Amount of Each Disbursement this Period

50.50

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

92.40

92.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SB23.49907

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPP

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SB23.49908

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address P.O. BOX 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SB23.49906

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2013
 Primary General
 Other (specify) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2013			

Transaction ID : SB23.49909

Amount of Each Disbursement this Period

7	5	0	0	.	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Mailing Address P. O. BOX 1011

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2013
 Primary General
 Other (specify) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2013			

Transaction ID : SB23.49910

Amount of Each Disbursement this Period

1	0	0	0	.	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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) Other

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

8	5	0	0	.	0	0	0	0	0
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1	4	5	0	.	0	0	0	0	0
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