



**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.....	474770.89	
(c) Total Receipts (from Line 19) .....	24126.00	226625.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	498896.89	677320.89
7. Total Disbursements (from Line 31).....	8104.40	186528.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	490792.49	490792.49
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).....	17760.00	182969.00
(ii) Unitemized .....	6366.00	40874.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24126.00	223843.00
(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) .....	24126.00	223843.00
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))..... ▶	24126.00	226625.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24126.00	226625.00

**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 .....	104.40	1028.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	104.40	1028.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	188000.00
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)) ..	8104.40	186528.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8104.40	186528.40

**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) .....	24126.00	223843.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24126.00	228843.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	104.40	1028.40
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	1028.40

**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 22
<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 Robert S Beissner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept. Of Pathology  
 2401 S 31st St  
 City State Zip Code  
 Temple TX 76508-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scott and White Memorial Hosp Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2013  
**Transaction ID : SA11AI.49940**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Donna J. Boden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Ewing Ford Rd  
 City State Zip Code  
 Bowling Green KY 42103-7949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TJ Samson Community Hospital 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  
 11 / 27 / 2013  
**Transaction ID : SA11AI.50055**  
 Amount of Each Receipt this Period  
 250.00

**C. Rafael Campanini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1044 North Francisco  
 City State Zip Code  
 Chicago IL 60622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Norwegian American Hospital Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : SA11AI.50007**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00  
**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 22
	<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. Alvaro G Candel MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
155 E Brush Hill Rd

City Elmhurst State IL Zip Code 60126-2966

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

Name of Employer Elmhurst Mem Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 13 / 2013  
**Transaction ID : SA11AI.49941**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Brett B. Cantrell MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
1 Shircliff Way

City Jacksonville State FL Zip Code 32204

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

Name of Employer St Vincent's Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 19 / 2013  
**Transaction ID : SA11AI.49994**

Amount of Each Receipt this Period  
500.00

**C. Dr Pedro A Carmona MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Path Dept  
951 N Washington Ave

City Titusville State FL Zip Code 32796-2163

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

Name of Employer Parrish Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 30 / 2013  
**Transaction ID : SA11AI.50076**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 22  
(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. Jeffrey Gaston Detweiler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Harris Pkwy  
 City Fort Worth State TX Zip Code 76132-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Health Southwest Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 26 / 2013  
**Transaction ID : SA11AI.50041**  
 Amount of Each Receipt this Period 300.00

**B. Dr. Rosemary E. Detweiler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology 6100 Harris Pkwy  
 City Fort Worth State TX Zip Code 76132-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Health Southwest Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 26 / 2013  
**Transaction ID : SA11AI.50051**  
 Amount of Each Receipt this Period 300.00

**c. Dr Douglas M Dressel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Broad Arrow Trl  
 City Yarmouth State ME Zip Code 04096-6325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maine Medical Center-Bramhall Campus Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2013  
**Transaction ID : SA11AI.50038**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 22
	<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	<input type="checkbox"/> 17

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

**A. Dr. Carl R Evans MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Champions Mark  
 City San Antonio State TX Zip Code 78258-7701  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : SA11AI.49918**  
 Amount of Each Receipt this Period  
 500.00

**B. Elizabeth Mary Fowkes Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 524 E 20th St Apt 1G  
 City New York State NY Zip Code 10009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2013  
**Transaction ID : SA11AI.49926**  
 Amount of Each Receipt this Period  
 600.00

**c. Dr. Raymond B Franklin MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 Kuhl Ave  
 City Orlando State FL Zip Code 32806-2008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adventist Bolingbrook Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2013  
**Transaction ID : SA11AI.49995**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<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. David L. Gang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
759 Chestnut St

City Springfield State MA Zip Code 01199-1001

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

Name of Employer Baystate Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
11 / 07 / 2013  
**Transaction ID : SA11AI.49922**

Amount of Each Receipt this Period  
200.00

**B. Dr. Jerad Michael Gardner MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 64 Duclair CT

City Little Rock State AR Zip Code 72223-9570

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  
11 / 14 / 2013  
**Transaction ID : SA11AI.49959**

Amount of Each Receipt this Period  
250.00

**c. Dr. Alexandra J. Gillespie MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3111 Beverly Dr

City Dallas State TX Zip Code 75205-2922

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

Name of Employer PathAdvantage Associated Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 26 / 2013  
**Transaction ID : SA11AI.50036**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 22
	<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. J Cameron Hall MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7550 Wolf River Blvd Ste 200

City Germantown	State TN	Zip Code 38138-1778
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pathology Group of the Midsouth PC	Occupation Pathologist
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2013

**Transaction ID : SA11AI.49938**

Amount of Each Receipt this Period  
1000.00

**B. Dr. Clarke T. Harding Jr MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 Evergreen Ln

City Glen Carbon	State IL	Zip Code 62034-1709
---------------------	-------------	------------------------

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

Name of Employer North Shore Univ Hosp @ Syosset	Occupation Pathologist
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2013

**Transaction ID : SA11AI.49999**

Amount of Each Receipt this Period  
100.00

**C. Dr William W Hinchey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Canterbury Hill St

City San Antonio	State TX	Zip Code 78209-2817
---------------------	-------------	------------------------

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

Name of Employer Christus Santa Rosa Westover Hills	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
11	/	14	/	2013

**Transaction ID : SA11AI.49964**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1600.00
<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 12 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Robert D Hoffman MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept Path Micro Immunology  
 1161 21st Ave S MCN C3307  
 City Nashville State TN Zip Code 37232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt University School of Medici 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  
 11 / 16 / 2013  
**Transaction ID : SA11AI.49972**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Barry P Latner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Pathology  
 2540 East Street  
 City Concord State CA Zip Code 94520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Muir Med Ctr-Concord Campus Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2013  
**Transaction ID : SA11AI.50014**  
 Amount of Each Receipt this Period  
 240.00

**C. Dr Aimee A League MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2904 Westcorp Blvd SW Ste 108  
 City Huntsville State AL Zip Code 35805-6437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Associates PC 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  
 11 / 22 / 2013  
**Transaction ID : SA11AI.50013**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 990.00  
**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 22
	<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 Fernando L Lomba MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 809 E Marion Ave  
 City Punta Gorda State FL Zip Code 33950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charlotte Regional Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : SA11AI.50003**  
 Amount of Each Receipt this Period  
**550.00**

**B. Dr. Stephen R Lyle MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 Walnut St  
 City Wellesley State MA Zip Code 02481-3335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMASS Mem Med Ctr Lab Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : SA11AI.49968**  
 Amount of Each Receipt this Period  
**100.00**

**c. Dr. Jory G Magidson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 100 Madison Ave  
 City Morristown State NJ Zip Code 07960-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morristown Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2013  
**Transaction ID : SA11AI.49925**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>900.00</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 14 OF 22
	<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	<input type="checkbox"/> 17

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

**A. 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 ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 17 / 2013  
**Transaction ID : SA11AI.49976**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Valerie L. Ng MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Highland Hospital Path Lab  
 City Oakland State CA Zip Code 94602-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alameda County 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  
 11 / 25 / 2013  
**Transaction ID : SA11AI.50033**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. David Alan Novis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Toon Ln  
 City Lee State NH Zip Code 03861-6507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oxford Immunotec Inc 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  
 11 / 01 / 2013  
**Transaction ID : SA11AI.49912**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 15 OF 22
	<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. Steven Frank O'Sheal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 1st St N Ste 200  
 City Alabaster State AL Zip Code 35007-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cytology & Pathology Services Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 29 / 2013**  
**Transaction ID : SA11AI.50070**  
 Amount of Each Receipt this Period **300.00**

**B. Dr. John D Olson MD,PhD,MT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 7703 Floyd Curl Dr  
 City San Antonio State TX Zip Code 78229-3901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UT Hlth Science Ctr San Antonio Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 18 / 2013**  
**Transaction ID : SA11AI.49983**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Cory Anthony Roberts MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1355 River Bend Dr  
 City Dallas State TX Zip Code 75247-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProPath Laboratory Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 20 / 2013**  
**Transaction ID : SA11AI.50001**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1300.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 16 OF 22  
(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 Dawson E Scarborough MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 New Bern Ave  
 City Raleigh State NC Zip Code 27610-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Med Ctr Occupation 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  
 11 / 20 / 2013  
**Transaction ID : SA11AI.50002**  
 Amount of Each Receipt this Period  
 2000.00

**B. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2013  
**Transaction ID : SA11AI.49915**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr Howard L Siegel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology 6701 N Charles St  
 City Baltimore State MD Zip Code 21204-6808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Baltimore 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  
 11 / 02 / 2013  
**Transaction ID : SA11AI.49916**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**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 17 OF 22  
(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. Charles Edward Slonaker III MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24410 Oaklawn Plantation Rd  
 City Pass Christian State MS Zip Code 39571-8969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mem Hosp at Gulfport Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2013  
**Transaction ID : SA11AI.50025**  
 Amount of Each Receipt this Period 1000.00

**B. Dr. Robert George Stallings MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 162 Dogwood Ln  
 City Rutherfordton State NC Zip Code 28139-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rutherford Hosp Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 26 / 2013  
**Transaction ID : SA11AI.50050**  
 Amount of Each Receipt this Period 150.00

**C. Dr Denise M Tritz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab  
 100 St Marys Med Plaza  
 City Jefferson City State MO Zip Code 65101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Mary's Health Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 11 / 2013  
**Transaction ID : SA11AI.49934**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1650.00  
**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 18 OF 22  
(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 Leslie L Walters MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5604 Banister Ct  
 City Plano State TX Zip Code 75093-4227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical City Dallas Hospital 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  
 11 / 25 / 2013  
**Transaction ID : SA11AI.50027**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Louis J Zinterhofer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 300 2nd Ave  
 City Long Branch State NJ Zip Code 07740-6303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monmouth Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013  
**Transaction ID : SA11AI.50047**  
 Amount of Each Receipt this Period  
 2000.00

**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).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17760.00

**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  
Moneris ACH Discount

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

**Transaction ID : SB21B.50093**

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  
Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

**Transaction ID : SB21B.50094**

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y 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)..... ▶

104.40
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104.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR SENATOR**

Mailing Address 1020 North Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

**Transaction ID : SB23.50082**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

**Transaction ID : SB23.50083**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2013			

**Transaction ID : SB23.50085**

Amount of Each Disbursement this Period

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

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

**Transaction ID : SB23.50092**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

**Transaction ID : SB23.50086**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. STEVE ISRAEL FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1400

City MELVILLE State NY Zip Code 11747

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

**Transaction ID : SB23.50087**

Amount of Each Disbursement this Period

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

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

3000.00
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