Image# 13964900971 PAGE 1 / 22

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

T OTTIMI OX	For Other Than An Au	ithorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
College of American F	Pathologists Political	Action Committee	
<u> </u>			
ADDRESS (number and street)	1350 I Street, NW		
TIESO (Humber and street)	Suite 590		
Check if different than previously reported. (ACC)	Washington		DC 20005 -
2. FEC IDENTIFICATION N	UMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00274944		IS THIS REPORT X (N) C	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	ar 20 (M3) May 20 (M2) Jun 20 (M3)	(Non-Election Year Only)
(a) Quarterly Reports:	Ar	or 20 (M4) Jul 20 (M	Year Only)
April 15 Quarterly Report (			
July 15 Quarterly Report (	PRF-Election	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)
October 15 Quarterly Report (	Q3)		
January 31 Year-End Report (	YE) Elect	tion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t ,	tion on	in the State of
5. Covering Period 1	1 01 2013		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the best of	of my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	Dr. Renee R. Ellerbroek		
Signature of Treasurer Dr.	Renee R. Ellerbroek	[Electronically Filed]	Date 12 18 2013
NOTE: Submission of false, error	neous, or incomplete informati	ion may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use Only			Rev. 12/2004

## 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: 11 01 2013 To: 11 30 2013

		COLUMN A This Period			
6.	(a) Cash on Hand January 1, 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### College of American Pathologists Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
	17760.00	182969.00			
(i) Itemized (use Schedule A)	17700.00	102000.00			
(ii) Unitemized	6366.00	40874.00			
Lines 11(a)(i) and (ii)	24126.00	223843.00			
Political Party Committees	0.00	0.00			
Other Political Committees (such as PACs)	0.00	0.00			
Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry	24126.00	223843.00			
	24120.00	2 220 500			
	0.00	0.00			
Loans Received	0.00	0.00			
n Repayments Received	0.00	0.00			
· ·	7	7			
funds, Rebates, etc.)					
rry Totals to Line 37, page 5)	0.00	0.00			
unds of Contributions Made					
ederal Candidates and Other					
itical Committees	0.00	2782.00			
er Federal Receipts					
vidends, Interest, etc.)	0.00	0.00			
nsfers from Non-Federal and Levin Funds					
Non-Federal Account					
(from Schedule H3)	0.00	0.00			
Levin Funds (from Schedule H5)	0.00	0.00			
Total Transfers (add 18(a) and 18(b))	0.00	0.00			
	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)			

#### **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.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caroniaa Toar to Dato
	(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	104.40	1020.40
	(add 21(a)(i), (a)(ii), and (b))▶	104.40	1028.40
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees		
	and Other Political Committees	8000.00	188000.00
	Independent Expenditures (use Schedule E)	0.00	0.00
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(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
	Other Disbursements	0.00	2500.00
	Federal Election Activity (2 U.S.C. §431(20))  (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8104.40	186528.40
	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				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	24126.00	223843.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	-5000.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24126.00	228843.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	104.40	1028.40		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	104.40	1028.40		

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

FOR LINE NUMBER:				PAGE		6	OF		22	
(che	(check only one)									
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	and Statements may not be sold or used by any pers ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathol	ogists Political Action Committee	
Full Name (Last, First, Middle Initial) <b>A.</b> Dr Robert S Beissner MD		Date of Receipt
Mailing Address Dept. Of Pathology 2401 S 31st St		1,1 1,2 20,13
City	State Zip Code	Transaction ID : SA11AI.49940
Temple	TX 76508-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Scott and White Memorial Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  3. Dr. Donna J. Boden MD		Date of Receipt
Mailing Address 2222 Ewing Ford Rd		11 27 2013
City	State Zip Code	Transaction ID : SA11AI.50055
Bowling Green	KY 42103-7949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
TJ Samson Community Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Rafael Campanini MD		Date of Receipt
Mailing Address 1044 North Francisco		M = M / D = D / Y = Y = Y
City	State Zip Code	11 20 2013 Transaction ID : SA11Al.50007
Chicago	IL 60622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Norwegian American Hospital	Pathologist	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (option	nal)	470.00
TOTAL This Period (last page this line nu	mber only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full)  College of American Patholog	gists Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Alvaro G Candel MD  Mailing Address Dept of Path		Date of Receipt
155 E Brush Hill Rd		11 13 2013
City	State Zip Code	Transaction ID : SA11AI.49941
Elmhurst	IL 60126-2966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	_
Elmhurst Mem Hosp	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Brett B. Cantrell MD		Date of Receipt
Mailing Address Dept of Path  1 Shircliff Way		11 192013
City	State Zip Code	Transaction ID : SA11AI.49994
Jacksonville	FL 32204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St Vincent's Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr Pedro A Carmona MD		Date of Receipt
Mailing Address Path Dept 951 N Washington Ave		11 30 2013
City Titusville	State         Zip Code           FL         32796-2163	Transaction ID : SA11AI.50076  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Parrish Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	2000.00
TOTAL This Period (last page this line numb	per only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any personant and address of any political committee to	
NAME OF COMMITTEE (In Full)  College of American Pathologis	ets Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. Jeffrey Gaston Detweiler MD  Mailing Address 6100 Harris Pkwy  City Fort Worth  FEC ID number of contributing federal political committee.  Name of Employer Texas Health Southwest  Receipt For:  Primary General Other (specify)	State Zip Code TX 76132-4101  C  Occupation Pathologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt  11 26 2013  Transaction ID: SA11AI.50041  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Dr. Rosemary E. Detweiler MD  Mailing Address Department of Pathology 6100 Harris Pkwy  City Fort Worth  FEC ID number of contributing federal political committee.  Name of Employer Texas Health Southwest  Receipt For:  Primary General Other (specify)	State Zip Code TX 76132-4101  C  Occupation Pathologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt  11 26 2013  Transaction ID: SA11AI.50051  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Dr Douglas M Dressel MD  Mailing Address 77 Broad Arrow Trl  City Yarmouth  FEC ID number of contributing federal political committee.  Name of Employer  Maine Medical Center-Bramhall Campus  Receipt For:  Primary General Other (specify)	State Zip Code ME 04096-6325  C  Occupation Pathologist  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)	<u> </u>	700.00
TOTAL This Period (last page this line number	only)	

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

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	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
$\Big angle$ College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Dr. Carl R Evans MD		Date of Receipt
Mailing Address 1 Champions Mark		11 05 2013
City	State Zip Code	Transaction ID : SA11AI.49918
San Antonio	TX 78258-7701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
unaffiliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  Elizabeth Mary Fowkes Dr.		Date of Receipt
Mailing Address 524 E 20th St Apt 1G		1.1 07 2013 1
City	State Zip Code	Transaction ID : SA11AI.49926
New York	NY 10009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer	Occupation	
NYU Med Ctr	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Dr. Raymond B Franklin MD,PhD		Date of Receipt
Mailing Address 1414 Kuhl Ave		M M / D D / Y Y Y Y Y 1 Y 1 1 19 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.49995
Orlando	FL 32806-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Adventist Bolingbrook Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF (check only one) X 11a 11b 12 11c

22 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. David L. Gang MD Date of Receipt Mailing Address Dept of Path 759 Chestnut St 07 2013 11 City Zip Code State Transaction ID: SA11AI.49922 Springfield MA 01199-1001 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation Baystate Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jerad Michael Gardner MD Date of Receipt Mailing Address 64 Duclair CT 11 2013 14 City State Zip Code Transaction ID: SA11AI.49959 AR Little Rock 72223-9570 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Alexandra J. Gillespie MD Date of Receipt Mailing Address 3111 Beverly Dr 11 26 2013 City Zip Code State Transaction ID: SA11AI.50036 TX **Dallas** 75205-2922 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation PathAdvantage Associated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 950.00 SUBTOTAL of Receipts This Page (optional).....

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

		PAGE 11 OF	22
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b	11c 12	
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. J Cameron Hall MD  Mailing Address 7550 Wolf River Blvd Ste 200		Date of Receipt
City Germantown	State Zip Code TN 38138-1778	11 12 2013  Transaction ID : SA11AI.49938
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  1000.00
Name of Employer  Pathology Group of the Midsouth PC  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial)  Dr. Clarke T. Harding Jr MD  Mailing Address 85 Evergreen Ln		Date of Receipt
City Glen Carbon FEC ID number of contributing federal political committee.	State Zip Code IL 62034-1709	11 20 2013  Transaction ID: SA11AI.49999  Amount of Each Receipt this Period  100.00
Name of Employer  North Shore Univ Hosp @ Syosset  Receipt For:  Primary  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Dr William W Hinchey MD  Mailing Address 601 Canterbury Hill St  City	State Zip Code	Date of Receipt  11 14 2013  Transaction ID: SA11AI.49964
San Antonio  FEC ID number of contributing federal political committee.	TX 78209-2817	Amount of Each Receipt this Period  500.00
Name of Employer  Christus Santa Rosa Westover Hills  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1600.00
TOTAL This Period (last page this line number	only)	7 7 7

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Robert D Hoffman MD, PhD Date of Receipt Mailing Address Dept Path Micro Immunology 1161 21st Ave S MCN C3307 2013 11 City Zip Code State Transaction ID: SA11AI.49972 TN Nashville 37232 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vanderbilt University School of Medici Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Barry P Latner MD Date of Receipt Mailing Address Dept of Pathology 2540 East Street 11 22 2013 City State Zip Code Transaction ID: SA11AI.50014 CA Concord 94520 Amount of Each Receipt this Period FEC ID number of contributing 240.00 federal political committee. Name of Employer Occupation John Muir Med Ctr-Concord Campus Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr Aimee A League MD Date of Receipt Mailing Address 2904 Westcorp Blvd SW Ste 108 11 22 2013 City State Zip Code Transaction ID: SA11AI.50013 ΑL Huntsville 35805-6437 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pathology Associates PC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

990.00

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

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

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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Dr Fernando L Lomba MD		Date of Receipt
Mailing Address Department of Pathology 809 E Marion Ave		11 20 2013
City	State Zip Code	Transaction ID : SA11AI.50003
Punta Gorda	FL 33950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	550.00
Name of Employer	Occupation	
Charlotte Regional Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	850.00	
Full Name (Last, First, Middle Initial)  3. Dr. Stephen R Lyle MD,PhD	1	Date of Receipt
Mailing Address 156 Walnut St		11 15 2013
City	State Zip Code	Transaction ID : SA11AI.49968
Wellesley	MA 02481-3335	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
UMASS Mem Med Ctr Lab	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) C. Dr. Jory G Magidson MD	•	Date of Receipt
Mailing Address Dept of Path		Date of Receipt
100 Madison Ave		11 07 2013
City	State Zip Code	Transaction ID : SA11AI.49925
Morristown	NJ 07960-6136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Morristown Mem Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	900.00
TOTAL This Period (last page this line number	er only)	
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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr. John Nachazel MD  Mailing Address 1401 Lachman Ln		Date of Receipt
		11 17 2013
City	State Zip Code	Transaction ID: SA11AI.49976
Pacific Palisades	CA 90272-2233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Dignity Health-California Hospital Med	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  Dr. Valerie L. Ng MD,PhD		Date of Receipt
Mailing Address Highland Hospital Path Lab		M M / D D / Y Y Y Y Y Y
City	State Zip Code	11 25 2013 Transaction ID : SA11Al.50033
Oakland	CA 94602-1018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Alameda County Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. David Alan Novis MD		Date of Receipt
Mailing Address 18 Toon Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lee	State Zip Code NH 03861-6507	Transaction ID : SA11AI.49912
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Oxford Immunotec Inc	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line number	only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Steven Frank O'Sheal MD Date of Receipt Mailing Address 1004 1st St N Ste 200 2013 11 City Zip Code State Transaction ID: SA11AI.50070 Alabaster AL 35007-8796 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Cytology & Pathology Services Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John D Olson MD, PhD, MT Date of Receipt Mailing Address Dept of Path 7703 Floyd Curl Dr 11 18 2013 City State Zip Code Transaction ID: SA11AI.49983 TX San Antonio 78229-3901 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation UT HIth Science Ctr San Antonio Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Cory Anthony Roberts MD Date of Receipt Mailing Address 1355 River Bend Dr 20 11 2013 City State Zip Code Transaction ID: SA11AI.50001 TX **Dallas** 75247-4915 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation ProPath Laboratory Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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eparate schedule(s) ch category of the ed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr Dawson E Scarborough MD  Mailing Address 3000 New Bern Ave		Date of Receipt
	O	11 20 2013
City Raleigh	State Zip Code NC 27610-1231	Transaction ID : SA11AI.50002
FEC ID number of contributing federal political committee.	C 2/610-1231	Amount of Each Receipt this Period
Name of Employer	Occupation	
Wake Med Ctr	Pathologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Dr. Michael F. Schaldenbrand MD		Date of Receipt
Mailing Address Department of Pathology		M = M / D = D / Y = Y = Y
PO Box 2500 City	State Zip Code	11 01 2013 Transaction ID : SA11AI.49915
Dearborn	MI 48123-2500	Transaction ID: SA11AI.49915  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Oakwood Hosp & Med Ctr	Pathologist	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Dr Howard L Siegel MD	·	Date of Receipt
Mailing Address Department of Pathology 6701 N Charles St		11 02 2013
City Baltimore	State Zip Code MD 21204-6808	Transaction ID : SA11AI.49916  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Greater Baltimore Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		2700.00
	<u>-</u>	
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

22

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Dr. Charles Edward Slonaker III MD Date of Receipt Mailing Address 24410 Oaklawn Plantation Rd 2013 11 25 City Zip Code State Transaction ID: SA11AI.50025 MS Pass Christian 39571-8969 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Mem Hosp at Gulfport Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robert George Stallings MD Date of Receipt Mailing Address 162 Dogwood Ln 11 26 2013 City State Zip Code Transaction ID: SA11AI.50050 NC Rutherfordton 28139-3222 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Rutherford Hosp Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr Denise M Tritz MD Date of Receipt Mailing Address Lab 11 11 2013 100 St Marys Med Plaza City Zip Code State Transaction ID: SA11AI.49934 MO Jefferson City 65101 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation St. Mary's Health Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 1650.00 SUBTOTAL of Receipts This Page (optional).....

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

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

F	FOR LINE NUMBER:				PAGE	· '	18 OF		22	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	gioto Political Action Committee	
/ College of American Patholog	gists Political Action Committee	
Full Name (Last, First, Middle Initial)  Dr Leslie L Walters MD		Date of Receipt
Mailing Address 5604 Banister Ct		11 25 2013
City	State Zip Code	Transaction ID : SA11AI.50027
Plano	TX 75093-4227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Medical City Dallas Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Louis J Zinterhofer MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
300 2nd Ave	Chata 7:- 0-4-	11 26 2013
City	State Zip Code N.I 07740-6303	Transaction ID : SA11AI.50047
Long Branch	NJ 07740-6303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer	Occupation	1
Monmouth Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	4500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Possint this Paried
FEC ID number of contributing	C	Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	
	Cooupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional	)	2500.00
TOTAL This Period (last page this line number)	ber only)	17760.00

#### S 17

SCHEDULE B (FEC Form 3X)	11	FOR L	INE NUMBI	R:			PAGE	19 (	OF 2	22
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	CITCON	only one) 21b 22	· ·						
	Detailed Summary Page		27 28		23 28b		28c	25		26 30b
Any information copied from such Reports and Statem	ı nents may not be sold or u									
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
College of American Pathologists F	Political Action Com	imittee								
Full Name (Last, First, Middle Initial)										_
A. Sun Trust Bank					sburse					
Mailing Address P.O. Box 85024				1	0			2013	Y	
City	State Zip Code		Ter	neact	ion ID	. ep	21B.50	003		
Richmond Purpose of Disbursement	VA 23285			iiisaci	טו ווטו.	. 36	216.30	093		
Moneris ACH Discount			Amo	unt of	Each	Disb	urseme	ent this	Period	
Candidate Name		Category	,/	_		_		4.4	1.00	T
		Type			7	_	7	4	1.90	4
Office Sought: House Disbursen Senate	nent For:  Primary General									
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial)										
B. Sun Trust Bank			Date	of Di	sburse	ment				
Mailing Address P.O. Box 85024				1 /		D .		2013	Y	
								,-		
City S Richmond	State Zip Code VA 23285		Tr	ansact	tion ID	: SB	21B.50	094		
Purpose of Disbursement	23203		_							
Account Analysis Fee			Amo	unt of	Each	Disb	urseme	nt this	Period	
Candidate Name		Category	1/					62	2.50	1
Office Sought: House Disbursen	nent For:	Type			,		,			1
	Primary General									
	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)  C.			Date	of Di	sburse	ment				
•			M		D			YY	Υ	
Mailing Address										
City	State Zip Code									
Purpose of Disbursement										
			Amo	unt of	Each	Disb	urseme	nt this	Period	
Candidate Name		Category Type	/		-		-	-		1
Office Sought: House Disbursen	nent For:	1,400		_	7		7			
	Primary General									
	Other (specify) ▼									
State: District:										_
SUBTOTAL of Disbursements This Page (optional)								104	.40	1
COSTOTAL OF BIODUISORIORIES THIS Fage (optional)			<u>-</u>	=	1	=	7	-	+	4
TOTAL This Period (last page this line number only)					,		7	104	1.40	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 20 OF 22			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	. 🗆	
	Detailed Summary Page	21b	22 X 23 2		
·		27		8c 29 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)					
College of American Pathologists	Political Action Comn	nittee			
Full Name (Last, First, Middle Initial)			D . (D)		
A. COLLINS FOR SENATOR			Date of Disbursement	Y Y Y Y Y	
Mailing Address 1020 North Fairfax Street Suite 201			11 22	2013	
City	State Zip Code		Transaction ID : SB2	3.50082	
Alexandria Purpose of Disbursement	VA 22314				
			Amount of Each Disbur	rsement this Period	
Candidate Name Category/				1000.00	
Office Sought:  House  Senate  President  Disburs	ement For: 2014 Primary General Other (specify)				
State: ME District: 00					
Full Name (Last, First, Middle Initial)					
B. FRIENDS OF PAT TOOMEY			Date of Disbursement	Y	
Mailing Address 228 S. WASHINGTON ST., SUI	TE 115		11 22	2013	
City ALEXANDRIA	State Zip Code VA 22314		Transaction ID : SB2	3.50083	
Purpose of Disbursement			Amount of Each Disbur	sement this Period	
Candidate Name		Category/ Type	7	1000.00	
	ement For: 2014  ✓ Primary General  Other (specify) ▼				
State: PA District: 00					
Full Name (Last, First, Middle Initial)  C. MARSHA BLACKBURN FOR CC	NGRESS INC.		Date of Disbursement		
Mailing Address PO Box 3750			11 / 22	2013	
City	State Zip Code		Transaction ID : SB2	3.50085	
BRENTWOOD Purpose of Disbursement	TN 37024				
i dipose of bisbursement			Amenint of Foots Bishin	on a contract their Desired	
Candidate Name		Category/ Type	Amount of Each Disbur	1000.00	
Senate President	ement For: 2014 Primary General Other (specify) ▼	71-			
State: TN District: 07					
SUBTOTAL of Disbursements This Page (optional		·····•	4	3000.00	
TOTAL This Period (last page this line number on	y)	·····•			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 21 OF 22			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27			
Any information copied from such Reports and States or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
College of American Pathologists F	Political Action Con	nmittee			
Full Name (Last, First, Middle Initial)					
A. MARSHA BLACKBURN FOR CONGRESS INC.			Date of Disbursement		
Mailing Address PO Box 3750			11 22	2013	
•	State Zip Code		Transaction ID : S	B23.50092	
BRENTWOOD Purpose of Disbursement	TN 37024				
·			Amount of Each Dis	bursement this Period	
Candidate Name				500.00	
	nent For: 2014  Primary				
State: TN District: 07					
Full Name (Last, First, Middle Initial)					
B. MICHAEL BURGESS FOR CONGRESS			Date of Disburseme	nt	
Mailing Address PO Box 2334			11 22	2013	
,	State Zip Code		Transaction ID : S	B23.50086	
Denton Purpose of Disbursement	TX 76202				
r dipose of Biobarcomonic			Amount of Each Dis	bursement this Period	
Candidate Name		Category/ Type	,	1500.00	
Senate President	nent For: 2014  Primary General  Other (specify)				
State: TX District: 26  Full Name (Last, First, Middle Initial)					
C. STEVE ISRAEL FOR CONGRESS COMMITTEE			Date of Disburseme	nt	
Mailing Address PO BOX 1400			11 22	2013	
MELVILLE	State Zip Code NY 11747		Transaction ID : S	B23.50087	
Purpose of Disbursement					
Candidate Name		Category/	Amount of Each Dis	bursement this Period 1000.00	
Office Sought:	nent For: 2014	Туре		1000.00	
Senate President	Primary General Other (specify) ▼				
State: NY District: 03					
SUBTOTAL of Disbursements This Page (optional)				3000.00	
				7	
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		F00 : ":-	NUMBER. DAGE 22 OF 22			
ITEMIZED DISBURSEMENTS	Use separate schedule(s	\	FOR LINE NUMBER: PAGE 22 OF 22 (check only one)			
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	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and S	tatements may not be sold or u	sed by any ners	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
College of American Pathologis	ts Political Action Com	nmittee				
Full Name (Last, First, Middle Initial)						
A. VERN BUCHANAN FOR CONC	Date of Disbursement  11 22 2013					
Moiling Address D.O. DOV 40000						
Mailing Address P.O. BOX 48928			11 22 2013			
City	State Zip Code					
SARASOTA	FL 34230		Transaction ID : SB23.50089			
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/	500.00			
000	. =	Type	300.00			
	ursement For: 2014  Primary General					
Senate President	Primary General Other (specify)					
State: FL District: 16	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. VERN BUCHANAN FOR CON	GRESS		Date of Disbursement			
VEINIVE DOOLING WITH OIL COLL	511200		M = M / D = D / Y = Y = Y			
Mailing Address P.O. BOX 48928			11 22 2013			
City	State Zip Code		Transaction ID : SB23.50090			
SARASOTA Purpose of Disbursement	FL 34230	I				
r dipose of bisbursement			Amount of Each Disbursement this Period			
Candidate Name		Cotogogy				
		Category/ Type	500.00			
Office Sought:   House   Disb	ursement For: 2014	, , ,				
Senate	Primary X General					
President	Other (specify) ▼					
State: FL District: 16						
Full Name (Last, First, Middle Initial)						
C. VOLUNTEERS FOR SHIMKUS			Date of Disbursement			
Mailing Address D.O. DOV CC4			11 22 2013			
Mailing Address P.O. BOX 661			11 22 2013			
City	State Zip Code		Transaction ID - CD00 50004			
COLLINSVILLE	IL 62234-0661		Transaction ID : SB23.50091			
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Office Sought: A House	recoment For 2011	Туре				
Office Sought: House Disb	ursement For: 2014  Primary General					
President	Other (specify)					
State: IL District: 15	(opoon)/ ▼					
12 10						
SUBTOTAL of Disbursements This Page (option	al)		2000.00			
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TOTAL This Period (last page this line number	only)		8000.00			