

**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="2014"/>		476964.56
(b) Cash on Hand at Beginning of Reporting Period.....	453715.74	
(c) Total Receipts (from Line 19)	43645.00	157579.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	497360.74	634544.54
7. Total Disbursements (from Line 31).....	473.90	137657.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	496886.84	496886.84
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).....	38609.00	114210.00
(ii) Unitemized	5036.00	22449.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43645.00	136659.45
(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)	43645.00	136659.45
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	19420.53
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1500.00
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))..... ▶	43645.00	157579.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43645.00	157579.98

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	98.90	782.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	98.90	782.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	139000.00
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	-2125.00	-2125.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-2125.00	-2125.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	473.90	137657.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	473.90	137657.70

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)	43645.00	136659.45
34. Total Contribution Refunds (from Line 28(d))	-2125.00	-2125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45770.00	138784.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	98.90	782.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	19420.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)	98.90	-18637.83

**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 30
	<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. Chandnish K Ahluwalia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Verdugo Blvd
 City Glendale State CA Zip Code 91208-1409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Verdugo Hills Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.50984
 Amount of Each Receipt this Period
 250.00

B. Dr. Randa Alsabeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4867 Sunset Blvd
 City Los Angeles State CA Zip Code 90027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente 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 Y
 08 / 20 / 2014
Transaction ID : SA11AI.51093
 Amount of Each Receipt this Period
 500.00

C. Dr. Paul F Atkinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Buckeye Rd Ste 178
 City Atlanta State GA Zip Code 30341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology & Laboratory Medicine, P.C. Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.51108
 Amount of Each Receipt this Period
 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 7 OF 30
	<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. Paul Bachner MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path & Lab Med
800 Rose St MSC 112

City Lexington State KY Zip Code 40536-0298

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

Name of Employer Univ of Kentucky Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 12 / 2014
Transaction ID : SA11AI.51044

Amount of Each Receipt this Period
500.00

B. Dr. Jared G. Block MD
Full Name (Last, First, Middle Initial)

Mailing Address 2928 Forest Park Dr

City Charlotte State NC Zip Code 28209-1402

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

Name of Employer Carolinas Med Ctr - University Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
08 / 20 / 2014
Transaction ID : SA11AI.51089

Amount of Each Receipt this Period
749.00

c. Dr. Henry W Bockelman MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
600 Mary St

City Evansville State IN Zip Code 47747-0001

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

Name of Employer Deaconess Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 04 / 2014
Transaction ID : SA11AI.50947

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1499.00
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 8 OF 30
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	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. David L. Booker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2260 Wrightsboro Rd
 City Augusta State GA Zip Code 30904-4764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Augusta Hosp LLC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 28 / 2014
Transaction ID : SA11AI.51118
 Amount of Each Receipt this Period
 500.00

B. Dr. Noel Anderson Brownlee MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Riverlook Ln
 City Piedmont State SC Zip Code 29673-6587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Medical Center Laboratory Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : SA11AI.51042
 Amount of Each Receipt this Period
 250.00

C. Dr. Victor Casas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 65 James St
 City Edison State NJ Zip Code 08820-3947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JFK Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 12 / 2014
Transaction ID : SA11AI.51065
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Karen M Clary MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1425 Portland Ave
 City Rochester State NY Zip Code 14621-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rochester Genl Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 28 / 2014**
Transaction ID : SA11AI.51120
 Amount of Each Receipt this Period **250.00**

B. 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 **500.00**

Date of Receipt **08 / 18 / 2014**
Transaction ID : SA11AI.51081
 Amount of Each Receipt this Period **500.00**

C. Dr. E. Randy Eckert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13322 Shore Vista Dr
 City Austin State TX Zip Code 78732-1617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Austin Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 12 / 2014**
Transaction ID : SA11AI.51014
 Amount of Each Receipt this Period **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 10 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Justin H Ekuan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27700 Medical Center Rd
 City Mission Viejo State CA Zip Code 92691-6474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Hosp & Reg 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
 08 / 04 / 2014
Transaction ID : SA11AI.50950
 Amount of Each Receipt this Period
 500.00

B. S Theresa Emory Dr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 W State St
 City Bristol State TN Zip Code 37620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highlands Pathology Consultants, PC 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
 08 / 06 / 2014
Transaction ID : SA11AI.50980
 Amount of Each Receipt this Period
 1000.00

C. Dr. Edward P Fody MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab
 602 Michigan Ave
 City Holland State MI Zip Code 49423-4918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holland Hospital 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
 08 / 06 / 2014
Transaction ID : SA11AI.50978
 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 11 OF 30
	<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. Patrick E. Godbey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Indigo Dr
 City Brunswick State GA Zip Code 31525-6865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2014
Transaction ID : SA11AI.50958
 Amount of Each Receipt this Period
 1010.00

B. Dr. Jeffrey D. Goldstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 800 Prudential Dr
 City Jacksonville State FL Zip Code 32207-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Med Ctr/Wolfson Children's Hos 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
 08 / 11 / 2014
Transaction ID : SA11AI.50993
 Amount of Each Receipt this Period
 300.00

C. 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
 08 / 04 / 2014
Transaction ID : SA11AI.50963
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1810.00
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 30
	<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. 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 / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.50996
 Amount of Each Receipt this Period
 250.00

B. Dr. C Joyce Greathouse MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Airport Rd
 City Panama City State FL Zip Code 32405-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : SA11AI.51071
 Amount of Each Receipt this Period
 500.00

C. Dr. Rasheed Hammadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Oakwood Dr
 City Westmont State IL Zip Code 60559-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Christ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2014
Transaction ID : SA11AI.50962
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 30
	<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. Lauren A Hammock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 72059
 City Eugene State OR Zip Code 97401-0285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Consultants PC Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 20 / 2014**
Transaction ID : SA11AI.51091
 Amount of Each Receipt this Period **1000.00**

B. Dr. William Valentine Harrer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 The Mews
 City Haddonfield State NJ Zip Code 08033-1344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Our Lady of Lourdes Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 26 / 2014**
Transaction ID : SA11AI.51115
 Amount of Each Receipt this Period **500.00**

C. Dr. Gene N Herbek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address The Path Center 8303 Dodge St
 City Omaha State NE Zip Code 68114-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.50934
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... **4000.00**
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 30
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	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. David S Hewitt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 S Dunworth St
 City Visalia State CA Zip Code 93292-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Visalia Path Grp 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
 08 / 04 / 2014
Transaction ID : SA11AI.50943
 Amount of Each Receipt this Period
 500.00

B. 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2014
Transaction ID : SA11AI.50982
 Amount of Each Receipt this Period
 250.00

C. Dr. Carmen Joseph Julius MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Belmont Ave
 City Youngstown State OH Zip Code 44504-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Elizabeth Hlth Ctr 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
 08 / 26 / 2014
Transaction ID : SA11AI.51096
 Amount of Each Receipt this Period
 1500.00

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 15 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Dennis Kasimian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15107 Vanowen St
 City Van Nuys State CA Zip Code 91405-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Presbyterian Hospital 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
 08 / 04 / 2014
Transaction ID : SA11AI.50945
 Amount of Each Receipt this Period
 1000.00

B. Dr. Ernest H Kawamoto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2624 57th St SW
 City Everett State WA Zip Code 98203-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cellnetix Pathology and Laboratories 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
 08 / 26 / 2014
Transaction ID : SA11AI.51100
 Amount of Each Receipt this Period
 250.00

c. Dr. Debra G.B. Leonard MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path and Lab Med
 111 Colchester Ave Rm M1-113A
 City Burlington State VT Zip Code 05405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fletcher Allen Health Care Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2014
Transaction ID : SA11AI.50944
 Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional).....▶	2450.00
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 30
(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. Christopher M Leveque MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Chester Dr
 City Friendswood State TX Zip Code 77546-4300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist 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
 08 / 11 / 2014
Transaction ID : SA11AI.50985
 Amount of Each Receipt this Period
 250.00

B. Dr. Joseph P Leverone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab
 45 W 10th St
 City Saint Paul State MN Zip Code 55102-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph's 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
 08 / 18 / 2014
Transaction ID : SA11AI.51077
 Amount of Each Receipt this Period
 250.00

C. Dr. Janina A. Longtine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Gustave L Levy Pl Box 1194
 City New York State NY Zip Code 10029-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai Medical Center 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
 08 / 12 / 2014
Transaction ID : SA11AI.51026
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 30
	<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. Jason E Love MD		Date of Receipt MM / DD / YYYY 08 / 20 / 2014 Transaction ID : SA11AI.51090
Mailing Address 532 SW 181st St		Amount of Each Receipt this Period 250.00
City Seattle	State WA	Zip Code 98166-3752
FEC ID number of contributing federal political committee. C	Name of Employer Multicare Hlth Sys	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John C Maddox MD		Date of Receipt MM / DD / YYYY 08 / 18 / 2014 Transaction ID : SA11AI.51075
Mailing Address Dept of Path 500 J Clyde Morris Blvd		Amount of Each Receipt this Period 250.00
City Newport News	State VA	Zip Code 23601-1975
FEC ID number of contributing federal political committee. C	Name of Employer Riverside Reg Med Ctr	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) c. Dr. Roger C Mathewson MD		Date of Receipt MM / DD / YYYY 08 / 18 / 2014 Transaction ID : SA11AI.51084
Mailing Address Laboratory Medical Director 401 N Ewing St		Amount of Each Receipt this Period 500.00
City Lancaster	State OH	Zip Code 43130-3372
FEC ID number of contributing federal political committee. C	Name of Employer Fairfield Medical Center	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Carlos A. Mattioli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S Bryan Rd
 City Mission State TX Zip Code 78572-6613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 12 / 2014**
Transaction ID : SA11AI.51006
 Amount of Each Receipt this Period **1000.00**

B. Dr. Paul J. McCarthy
 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 **08 / 04 / 2014**
Transaction ID : SA11AI.50960
 Amount of Each Receipt this Period **500.00**

C. DR JAMES r Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2916 S Brentwood Blvd
 City Brentwood State MO Zip Code 63144-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 04 / 2014**
Transaction ID : SA11AI.50949
 Amount of Each Receipt this Period **250.00**

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 19 OF 30
(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. Margaret H Neal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1899 Eider Ct
 City State Zip Code
 Tallahassee FL 32308-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KWB Pathology Associates 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
 08 / 05 / 2014
Transaction ID : SA11AI.50974
 Amount of Each Receipt this Period
 1000.00

B. Dr. James Arthur Paulson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Anthwyn Rd
 City State Zip Code
 Narberth PA 19072-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bryn Mawr 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
 08 / 12 / 2014
Transaction ID : SA11AI.51025
 Amount of Each Receipt this Period
 250.00

C. Dr. William D Power MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3132 Rowena Dr
 City State Zip Code
 Los Alamitos CA 90720-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brotman 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
 08 / 12 / 2014
Transaction ID : SA11AI.51067
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr Victoria G Reyes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 365 Montauk Ave
 City New London State CT Zip Code 06320-4769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lawrence & Memorial Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 26 / 2014
Transaction ID : SA11AI.51114
 Amount of Each Receipt this Period
250.00

B. Dr. Stanley J. Robboy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Donegal Dr
 City Chapel Hill State NC Zip Code 27517-6559
 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 **1000.00**

Date of Receipt
 08 / 10 / 2014
Transaction ID : SA11AI.50981
 Amount of Each Receipt this Period
1000.00

C. Charles Roussel
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Waukegan Rd
 City Northfield State IL Zip Code 60093-2750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer College of Ameri Pathologists Occupation CAP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 08 / 05 / 2014
Transaction ID : SA11AI.50972
 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: (check only one)	PAGE 21 OF 30
	<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 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)

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.50933
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date
 1000.00

B. Dr. Michael C Royer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 12th St NE
 City Washington State DC Zip Code 20002-6320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walter Reed Natl Military Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 12 / 2014
Transaction ID : SA11AI.51038
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

c. Dr. Suzanne M Selvaggi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Clinical Laboratories
 600 Highland Ave
 City Madison State WI Zip Code 53792-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Wisconsin Hosp & Clinics Occupation Pathologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 12 / 2014
Transaction ID : SA11AI.51061
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<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. Daniel D Slagel MD

Full Name (Last, First, Middle Initial)
Mailing Address Path Associates
250 Mercy Dr G231

City Dubuque State IA Zip Code 52004-0731

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

Name of Employer United Clinical Laboratories Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 11 / 2014
Transaction ID : SA11AI.50987

Amount of Each Receipt this Period
500.00

B. Dr. Matthew James Snyder MD

Full Name (Last, First, Middle Initial)
Mailing Address Pathology Dept
3000 New Bern Ave

City Raleigh State NC Zip Code 27610-1231

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

Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 05 / 2014
Transaction ID : SA11AI.50975

Amount of Each Receipt this Period
1000.00

C. Dr. Robert I Sprague MD

Full Name (Last, First, Middle Initial)
Mailing Address Path Dept Rm 1219
8260 Atlee Rd

City Mechanicsville State VA Zip Code 23116-1844

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

Name of Employer Memorial Reg Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2014
Transaction ID : SA11AI.51048

Amount of Each Receipt this Period
250.00

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 23 OF 30
	<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 Toups Stewart Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1899 Eider Ct
 City Tallahassee State FL Zip Code 32308-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KWB Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2014
Transaction ID : SA11AI.50942
 Amount of Each Receipt this Period
 1000.00

B. Dr. Ann Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 8th Ave & C St
 City Salt Lake City State UT Zip Code 84143-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LDS Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : SA11AI.51070
 Amount of Each Receipt this Period
 250.00

C. Dr. Lawrence Tsao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Malcolm Ave
 City Teterboro State NJ Zip Code 07608-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quest Diagnostics Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2014
Transaction ID : SA11AI.51033
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 30
(check only one)

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

A. Dr. Paul N. Valenstein MD
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology
5301 E. Huron River Drive

City Ann Arbor State MI Zip Code 48106-0955

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

Name of Employer St Joseph Mercy Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 06 / 2014
Transaction ID : SA11AI.50979

Amount of Each Receipt this Period
1000.00

B. Dr. John S Vanhose MD
Full Name (Last, First, Middle Initial)

Mailing Address 830 W Bayou Pines Dr

City Lake Charles State LA Zip Code 70601-7077

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

Name of Employer Pathology Laboratory Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2014
Transaction ID : SA11AI.51029

Amount of Each Receipt this Period
250.00

C. Dr. Emily Ellen Volk 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 Baptist Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3001.00

Date of Receipt
08 / 12 / 2014
Transaction ID : SA11AI.51017

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 25 OF 30
(check only one)

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

A. Dr Gail H Walker MD
Full Name (Last, First, Middle Initial)
Mailing Address 1354 Drakie Ct SW

City Lilburn	State GA	Zip Code 30047-2435
-----------------	-------------	------------------------

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

Name of Employer Eastside Medical 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
08	/	11	/	2014

Transaction ID : SA11AI.50989

Amount of Each Receipt this Period
500.00

B. Dr. Mark Robert Wick MD
Full Name (Last, First, Middle Initial)
Mailing Address 1215 Lee St Rm 3020

City Charlottesville	State VA	Zip Code 22908-0816
-------------------------	-------------	------------------------

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

Name of Employer University of Virginia Health System	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
08	/	03	/	2014

Transaction ID : SA11AI.50935

Amount of Each Receipt this Period
250.00

c. Dr. D. Douglas Wilson MD
Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
1924 Alcoa Hwy

City Knoxville	State TN	Zip Code 37920-1511
-------------------	-------------	------------------------

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

Name of Employer LabCorp Knoxville	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
08	/	12	/	2014

Transaction ID : SA11AI.51008

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 26 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Lola Bennett Windisch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 21st St
 City Lubbock State TX Zip Code 79407-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ameripath Lubbock CMC Campus 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
 08 / 04 / 2014
Transaction ID : SA11AI.50952
 Amount of Each Receipt this Period
 500.00

B. Dr. Gary B. Witkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology 4755 Ogletown-Stanton Rd
 City Newark State DE Zip Code 19718-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christiana Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014
Transaction ID : SA11AI.51074
 Amount of Each Receipt this Period
 250.00

C. Dr. Howard W Wright III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4864 Jackson St
 City Monroe State LA Zip Code 71202-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSU-E A Conway Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.50992
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 27 OF 30
(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. Sang Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Walnut Hill LN
 City Dallas State TX Zip Code 75231-4426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Hlth Presbyterian Hosp Dallas 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
 08 / 12 / 2014
Transaction ID : SA11AI.51052
 Amount of Each Receipt this Period
 500.00

B. Dr. Hector Zepeda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10175 Gateway Blvd W Ste 116
 City El Paso State TX Zip Code 79925-7618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Del Sol Med Ctr Immediate Care Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2014
Transaction ID : SA11AI.50946
 Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	38609.00

**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) ▼

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2014

Transaction ID : SB21B.51126

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) ▼

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : SB21B.51127

Amount of Each Disbursement this Period

57.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

98.90

98.90

**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. BLACK, DIANE L MRS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB23.51122

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City State Zip Code
GREAT BEND KS 67530

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SB23.51121

Amount of Each Disbursement this Period

1500.00

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
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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)..... ▶

2500.00

2500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" 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. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Refund of Campaign Contribution - General Contribution

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2014

Transaction ID : SB28B.51124

Amount of Each Disbursement this Period

-2125.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

-2125.00

-2125.00