

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Paula Pszypko

Signature of Treasurer Dr. Paula Pszypko [Electronically Filed] Date 12 / 02 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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.....	399112.04	
(c) Total Receipts (from Line 19) .....	28992.00	210550.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	428104.04	687515.54
7. Total Disbursements (from Line 31).....	31168.90	290580.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	396935.14	396935.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21000.00	154020.00
(ii) Unitemized .....	7992.00	35610.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28992.00	189630.45
(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) .....	28992.00	189630.45
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))..... ▶	28992.00	210550.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28992.00	210550.98

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	168.90	1105.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	168.90	1105.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	291600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	-2125.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-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)) ..	31168.90	290580.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31168.90	290580.40

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	28992.00	189630.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-2125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28992.00	191755.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	168.90	1105.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	19420.53
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	168.90	-18315.13

**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 24
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Meera Bansal MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Mailing Address Department of Pathology 1000 N Village Ave		<b>Transaction ID : SA11AI.52157</b>
City Rockville Centre	State NY	Zip Code 11570-1000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mercy Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Angela Nicole Bartley MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2014
Mailing Address Dept of Pathology 5301 E Huron River Dr		<b>Transaction ID : SA11AI.52062</b>
City Ann Arbor	State MI	Zip Code 48106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St Joseph Mercy Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Maureen S Bauer MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 705 South Bend Dr		<b>Transaction ID : SA11AI.52099</b>
City Durham	State NC	Zip Code 27713-6194
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Duke University Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 24  
(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. Peter F. Bernhardt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 800 Biesterfield Rd  
 City State Zip Code  
 Elk Grove Village IL 60007-3361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alexian Brothers Medical Center Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : SA11AI.52177**  
 Amount of Each Receipt this Period  
 2000.00

**B. Dr. Alvaro G Candel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 155 E Brush Hill Rd  
 City State Zip Code  
 Elmhurst IL 60126-2966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Elmhurst Mem Hosp Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11AI.52128**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Brett B. Cantrell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1 Shircliff Way  
 City State Zip Code  
 Jacksonville FL 32204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Vincent's Med Ctr Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.52160**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 24  
(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. James B Cash Sr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2693 Forest Hills Rd SW Ste B  
 City State Zip Code  
 Wilson NC 27893-8611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Eastern Carolina Pathology Inc Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.52064**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. David B. Danner MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab  
 219 S Washington St  
 City State Zip Code  
 Easton MD 21601-2913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ProPath Laboratory Inc Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.52122**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr. James B Elston MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 4200 Houma Blvd  
 City State Zip Code  
 Metairie LA 70006-2970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 East Jefferson Genl Hosp 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  
 10 / 28 / 2014  
**Transaction ID : SA11AI.52106**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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 24
	<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. Richard Morrison Fulks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1576 Clark Rd  
 City Charleston State WV Zip Code 25314-2358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11AI.52082**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Alexandra J. Gillespie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3111 Beverly Dr  
 City Dallas State TX Zip Code 75205-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PathAdvantage Associated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : SA11AI.52114**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr Eric F Glassy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19951 Mariner Ave Ste 150  
 City Torrance State CA Zip Code 90503-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Path Med Grp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.52047**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 24  
(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. 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 1000.00

Date of Receipt 10 / 28 / 2014  
Transaction ID : SA11AI.52103  
Amount of Each Receipt this Period 500.00

**B. Dr William W Hinchey MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 Canterbury Hill St  
City San Antonio State TX Zip Code 78209-2817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Christus Santa Rosa Westover Hills Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 16 / 2014  
Transaction ID : SA11AI.52053  
Amount of Each Receipt this Period 500.00

**C. Dr. Robert D Hoffman MD,PhD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Dept Path Micro Immunology 1161 21st Ave S MCN C3307  
City Nashville State TN Zip Code 37232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vanderbilt University School of Medici Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 11 / 01 / 2014  
Transaction ID : SA11AI.52132  
Amount of Each Receipt this Period 500.00

**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 11 OF 24
	<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. Michael Andrew Huening MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address WakeMed Health AND Hospitals  
 3000 New Bern Ave  
 City Raleigh State NC Zip Code 27610-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WakeMed Cary Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : SA11AI.52063**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Bharati Suketu Jhaveri MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 Woods Farm Ln  
 City Springfield State IL Zip Code 62704-6545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St John's Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 14 / 2014**  
**Transaction ID : SA11AI.52164**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Marc Elwin Keen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Director of Clin Lab  
 1 N Atkinson Dr  
 City Ludington State MI Zip Code 49431-1906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Medical Center of West Michig Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : SA11AI.52068**  
 Amount of Each Receipt this Period **500.00**

**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: PAGE 12 OF 24  
(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. Anand Shreeram Lagoo MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5001 Mill Hill LN  
 City Chapel Hill State NC Zip Code 27517-7443  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2014  
**Transaction ID : SA11AI.52151**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. John Elliott LeeSang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Pathology  
 1301 Wonder World Dr  
 City San Marcos State TX Zip Code 78666-7533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Texas Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.52167**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Steven Frank O'Sheal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 1st St N Ste 200  
 City Alabaster State AL Zip Code 35007-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cytology & Pathology Services Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.52069**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<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. Sarah J. Olenick MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6400 Clubside Dr  
 City Whitsett State NC Zip Code 27377-9227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Laboratory Corporation Of America Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.52046**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Elpidio De Jesus Pena MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1520 Goddard Ave  
 City Louisville State KY Zip Code 40204-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.52057**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Anna W Poniecka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7800 Sheridan St  
 City Pembroke Pines State FL Zip Code 33024-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hospital Pembroke Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2014  
**Transaction ID : SA11AI.52152**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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) <b>A. Dr Michael H Reilly MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 <b>Transaction ID : SA11AI.52090</b>
Mailing Address Dept of Path Cheel 1st Flr		Amount of Each Receipt this Period 250.00
City Ridgewood	State NJ	
Zip Code 07450-2726		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Linda H Riley MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.52123</b>
Mailing Address 1116 138th Ave NW		Amount of Each Receipt this Period 500.00
City Andover	State MN	
Zip Code 55304-6728		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer United Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Cory Anthony Roberts MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : SA11AI.52129</b>
Mailing Address 1355 River Bend Dr		Amount of Each Receipt this Period 500.00
City Dallas	State TX	
Zip Code 75247-4915		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer ProPath Laboratory Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<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. Thomas H Rynalski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 4351 Tamiami Trl N  
 City Naples State FL Zip Code 34103-3106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Naples 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  
 11 / 05 / 2014  
**Transaction ID : SA11AI.52145**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Robert George Stallings MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 162 Dogwood Ln  
 City Rutherfordton State NC Zip Code 28139-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rutherford Hosp Inc Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11AI.52083**  
 Amount of Each Receipt this Period  
 250.00

**c. Dr Cheryl A Szpak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Steeplechase Rd  
 City Chapel Hill State NC Zip Code 27514-1423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wake Med Ctr Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : SA11AI.52115**  
 Amount of Each Receipt this Period  
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 24  
(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. Paula E Szytko MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6125 Prickley Pear LN  
 City Jackson State WY Zip Code 83001-9584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : SA11AI.52052**  
 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 **350.00**

Date of Receipt **11 / 17 / 2014**  
**Transaction ID : SA11AI.52170**  
 Amount of Each Receipt this Period **100.00**

**C. Dr. Lindsey C. Thomas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 Chicago Ave  
 City Minneapolis State MN Zip Code 55415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 24 / 2014**  
**Transaction ID : SA11AI.52097**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1200.00**  
**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 24
	<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. Thomas R Treger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1000  
 City Medford State OR Zip Code 97501-0071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vista Pathology PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 19 / 2014**  
**Transaction ID : SA11AI.52178**  
 Amount of Each Receipt this Period **300.00**

**B. Dr Leslie L Walters MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5604 Banister Ct  
 City Plano State TX Zip Code 75093-4227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical City Dallas Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : SA11AI.52059**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Rebecca F Yorke MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2504 Elmen St  
 City Houston State TX Zip Code 77019-6712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cypress Fairbanks Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.52163**  
 Amount of Each Receipt this Period **250.00**

**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: PAGE 18 OF 24  
(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. Nancy A Young MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path and Lab Med  
 5501 Old York Rd  
 City Philadelphia State PA Zip Code 19141-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albert Einstein Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : SA11AI.52121**  
 Amount of Each Receipt this Period  
**200.00**

**B. Dr. Michelle K Zimmerman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 W 11th St Ste 5046  
 City Indianapolis State IN Zip Code 46202-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana University School of Medicine Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : SA11AI.52175**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Louis J Zinterhofer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 300 2nd Ave  
 City Long Branch State NJ Zip Code 07740-6303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monmouth Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2014  
**Transaction ID : SA11AI.52154**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>21000.00</b>

**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 Account Analysis Fee Oct-14

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

**Transaction ID : SB21B.51355**

Amount of Each Disbursement this Period

57.00
-------

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 Moneris ACH Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

**Transaction ID : SB21B.51357**

Amount of Each Disbursement this Period

41.90
-------

Full Name (Last, First, Middle Initial)

**C. 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

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

**Transaction ID : SB21B.51356**

Amount of Each Disbursement this Period

70.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

168.90
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168.90
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAN MAFFEI**

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2014			

**Transaction ID : SB23.52179**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CT District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2014			

**Transaction ID : SB23.52180**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARROW**

Mailing Address PO Box 1001

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2014			

**Transaction ID : SB23.52181**

Amount of Each Disbursement this Period

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

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN BOEHNER**

Mailing Address 7908 CINCINNATI DAYTON ROAD  
SUITE 1

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

**Transaction ID : SB23.52182**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : SB23.52192**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LOUDERMILK FOR CONGRESS**

Mailing Address PO BOX 447

City CASSVILLE State GA Zip Code 30123

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

**Transaction ID : SB23.52183**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MIKE BISHOP FOR CONGRESS**

Mailing Address 499 D CAPITAL STREET, SW  
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

**Transaction ID : SB23.52185**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ROB WITTMAN FOR CONGRESS**

Mailing Address PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

**Transaction ID : SB23.52187**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCALISE FOR CONGRESS**

Mailing Address P.O. Box 23219

City Jefferson State LA Zip Code 70121

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: LA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

**Transaction ID : SB23.52193**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SB23.52188**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SOUTHERLAND FOR CONGRESS**

Mailing Address P.O. BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SB23.52189**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ OTHER

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB23.52194**

Amount of Each Disbursement this Period

4500.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TROTT FOR CONGRESS, INC.**

Mailing Address 2085 E. WEST MAPLE ROAD  
A-101

City State Zip Code  
COMMERCE MI 48390

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	22	/	2014

**Transaction ID : SB23.52190**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ OTHER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SB23.52195**

Amount of Each Disbursement this Period

2500.00
---------

**C.**

Full Name (Last, First, Middle Initial)

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)..... ▶

5000.00
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31000.00
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