

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

College of American Pathologists Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input checked="" type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 04 01 2011 through 04 30 2011

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 05 13 2011

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

Office Use Only									FEC FORM 3X (Rev. 12/2004)
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		388632.97
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	345683.72									
(c) Total Receipts (from Line 19)	44987.00	178248.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	390670.72	566880.97								
7. Total Disbursements (from Line 31)	77.50	176287.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	390593.22	390593.22								
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**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	27708.00	128260.00
(ii) Unitemized	17279.00	50638.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	44987.00	178898.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44987.00	178898.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	-650.00
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 Transfer (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))	44987.00	178248.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44987.00	178248.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	77.50	287.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77.50	287.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	175718.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	282.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	77.50	176287.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77.50	176287.75

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)	44987.00	178898.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44987.00	178898.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77.50	287.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77.50	287.75

**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 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Jon Jared Abbott, Dr.		Date of Receipt MM / DD / YYYY 04 / 12 / 2011		
	Mailing Address 305 41st St		Transaction ID: SA11AI.40839		
	City West Des Moines	State IA	Zip Code 50265	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer unaffiliated	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) D. Garrett Alcorn, Dr.		Date of Receipt MM / DD / YYYY 04 / 06 / 2011		
	Mailing Address Department of Pathology 16251 Sylvester Road, SW		Transaction ID: SA11AI.40843		
	City Seattle	State WA	Zip Code 98166	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Highline Community Hosp	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Jane Celeste Batchev, Dr.		Date of Receipt MM / DD / YYYY 04 / 11 / 2011		
	Mailing Address Lab 718 N Macomb St		Transaction ID: SA11AI.40852		
	City Monroe	State MI	Zip Code 48162-7815	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy Mem Hosp	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

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: PAGE 7 / 31
(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.

Full Name (Last, First, Middle Initial)
L Benjamin Blend, Dr.

Mailing Address 925 Highland Blvd Ste 1240

City State Zip Code
Bozeman MT 59715-6999

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bozeman Deaconess Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 14 / 2011

Transaction ID: SA11AI.40858

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
R Donn Burns, Dr.

Mailing Address Dept of Pathology
1 Medical Village Dr

City State Zip Code
Edgewood KY 41017-3403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St Elizabeth Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.40865

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ethan Sidney Carpenter, Dr.

Mailing Address Yosemite 1 Lab
7300 N Fresno St

City State Zip Code
Fresno CA 93720-2942

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Kaiser Permanente Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.40870

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Daniel Carter, Dr.

Mailing Address Dept of Path
725 North St

City State Zip Code
Pittsfield MA 01201

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

Name of Employer Occupation
Berkshire Health Systems Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.40872

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
B James Cash, Dr.

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
unaffiliated Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.40876

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R Lydia Christiansen, Dr.

Mailing Address 2502 Osprey St

City State Zip Code
Casper WY 82601-5090

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.40881

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 9 / 31
(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.

Full Name (Last, First, Middle Initial)
M Karen Clary, Dr.

Mailing Address Department of Pathology
1425 Portland Ave

City State Zip Code
Rochester NY 14621-3001

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

Name of Employer Occupation
Rochester Genl Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: SA11AI.40883

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
N Ryan Cole, Dr.

Mailing Address 7988 W Marigold St Ste 150

City State Zip Code
Boise ID 83714-5125

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

Name of Employer Occupation
Cole Diagnostics Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.40888

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
A Patricia Devine, Dr.

Mailing Address 200 F Main St 302

City State Zip Code
Stoneham MA 02180

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

Name of Employer Occupation
Lowell General Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: SA11AI.40895

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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 / 31		
	<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

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

A.	Full Name (Last, First, Middle Initial) William Jay Dieckhoff, Dr.			Date of Receipt		
	Mailing Address Dept of Path 11th St & Broadway			M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 1 1		
	City Quincy		State IL	Zip Code 62301		
	FEC ID number of contributing federal political committee. C			Transaction ID: SA11AI.40896		
	Name of Employer Blessing Hosp			Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr.			Date of Receipt		
	Mailing Address D251 Mayo 420 Delaware St SE			M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 1 1		
	City Minneapolis		State MN	Zip Code 55455-0341		
	FEC ID number of contributing federal political committee. C			Transaction ID: SA11AI.40897		
	Name of Employer Univ of MN Med Ctr-Fairview			Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Katherine Jane Dry, Dr.			Date of Receipt		
	Mailing Address DEpt of Path 1978 Industrial Blvd			M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 1 1		
	City Houma		State LA	Zip Code 70363		
	FEC ID number of contributing federal political committee. C			Transaction ID: SA11AI.40901		
	Name of Employer Leonard J. Chabert Med Ctr			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: PAGE 11 / 31
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Tarek Mohamed Elghetany, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 1 1
Mailing Address Pathology Department Texas Children's Hospital		Transaction ID: SA11AI.40906
City Houston	State TX	Zip Code 77030-2303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Baylor College of Medicine	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Evan Grant Eudy, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 1 1
Mailing Address 3125 Independence Dr Ste 301		Transaction ID: SA11AI.40910
City Homewood	State AL	Zip Code 35209-4165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Skin Diagnostics Group	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) D James Faix, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 1 1
Mailing Address Stanford Univ School of Medicine 3375 Hillview Ave # 5627		Transaction ID: SA11AI.40911
City Palo Alto	State CA	Zip Code 94304-1204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 273.00
Name of Employer Stanford Clinical Labs at Hillview	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

SUBTOTAL of Receipts This Page (optional)	▶	1073.00
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 / 31
(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.

Full Name (Last, First, Middle Initial)
V. Steven Foster, Dr.

Mailing Address Department of Pathology
1441 N Beckley Ave

City State Zip Code
Dallas TX 75203

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

Name of Employer Occupation
Methodist Dallas Medical Pathologist
Center

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.40914

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
N. Jack Gay, Dr.

Mailing Address 1102 Palm View Ave

City State Zip Code
Belleair FL 33756-1013

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

Name of Employer Occupation
Diagnostic Clinic Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.40918

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Daniel John Gentry, Dr.

Mailing Address 8303 Dodge St

City State Zip Code
Omaha NE 68114-4199

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

Name of Employer Occupation
Nebraska Methodist Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.40919

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)
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FOR LINE NUMBER: PAGE 13 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C Joyce Greathouse

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 04 / 01 / 2011
Transaction ID: SA11AI.40923
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
E Terrence Grimm, Dr.

Mailing Address Dept of Path
737 Broadway N

City Fargo State ND Zip Code 58102-4421

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

Name of Employer Fargo Clinic Oral Surgery Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2011
Transaction ID: SA11AI.40924
Amount of Each Receipt this Period 1000.00

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

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 Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2011
Transaction ID: SA11AI.40926
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Paul Jason Heese, Dr.

Mailing Address Dept of Path
900 Illinois Ave

City State Zip Code
Stevens Point WI 54481-3114

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

Name of Employer Occupation
St. Michaels Hosp 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
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.40932

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
George Michael Hitchcock, Dr.

Mailing Address 3195 Maplewood Ave Ste 102

City State Zip Code
Winston Salem NC 27103-3903

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

Name of Employer Occupation
Path Diag Lab 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
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.40937

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J Peter Howanitz, Dr.

Mailing Address Dept of Path
450 Clarkson Ave

City State Zip Code
Brooklyn NY 11203-2056

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

Name of Employer Occupation
SUNY Downstate Med Ctr 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
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.40941

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 15 / 31

(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.

Full Name (Last, First, Middle Initial)
W James Howell, Dr.

Mailing Address 3967 Lakeside Dr

City State Zip Code
Odessa TX 79762

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

Name of Employer Occupation
Odessa Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.40942

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Li Huang

Mailing Address 6540 Bellows Ln # 202

City State Zip Code
Houston TX 77030-2802

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

Name of Employer Occupation
Akron City Hosp PATHOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.40945

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Rapp Amy Hudson, Dr.

Mailing Address 78 Lakeview Dr

City State Zip Code
Conway AR 72032

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

Name of Employer Occupation
Pathology Labs of Arkansas Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.40946

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 16 / 31

(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.

Full Name (Last, First, Middle Initial)

Wayne Bruce Hughes, Dr.

Mailing Address PO Box 9010

City State Zip Code
Kokomo IN 46904-9010

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

Name of Employer Occupation
St. Joseph Hosp & Health Pathologist
Ctr

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.40947

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Elaine Meredith Hulsey, Dr.

Mailing Address Path Dept
1500 S Main St

City State Zip Code
Fort Worth TX 76104-4941

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

Name of Employer Occupation
John Peter Smith Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.40948

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Irving Hwang

Mailing Address Dept of Path
718 N Macomb St

City State Zip Code
Monroe MI 48162-7815

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

Name of Employer Occupation
Mercy Mem Hosp Lab Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.40949

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ►

2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
H Richard Knierim, Dr.

Mailing Address 1124 Columbia St Ste 200

City State Zip Code
Seattle WA 98104-2048

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

Name of Employer CellNetix Path & Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: SA11AI.40965

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A. Laurel Krause, Dr.

Mailing Address 20305 Manor Rd

City State Zip Code
Shorewood MN 55331-8783

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

Name of Employer United Hosp of St Paul Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: SA11AI.40968

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Lalita Krishnan

Mailing Address Dept of Pathology
2025 Morse Ave

City State Zip Code
Sacramento CA 95825-2115

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

Name of Employer Kaiser Permanente Sacramen-
to Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2011

Transaction ID: SA11AI.40970

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
L. Linton Kuchler, Dr.

Mailing Address Dept. of Pathology
743 Spring St. NE

City Gainesville State GA Zip Code 30501

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

Name of Employer Northeast Georgia Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: SA11AI.40971

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John Michael Laszewski, Dr.

Mailing Address 3502 Franklin Ave

City Bismarck State ND Zip Code 58503-0761

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

Name of Employer Pathology Consultants, P.-C. Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2011

Transaction ID: SA11AI.40978

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A Barbara Lines, Dr.

Mailing Address Path Dept
20171 Chasewood Park Dr

City Houston State TX Zip Code 77070-1437

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

Name of Employer St Luke's Hosp at The Vintage Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: SA11AI.40982

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

(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.	Full Name (Last, First, Middle Initial) C Lesley Lomo, Dr.		Date of Receipt MM / DD / YYYY 04 / 14 / 2011		
	Mailing Address UNM Health Sciences Center Dept. of Pathology, MSC08 4640		Transaction ID: SA11AI.40983		
	City Albuquerque	State NM	Zip Code 87131-0001	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Tricore Reference Laboratories		Occupation Pathologist		

B.	Full Name (Last, First, Middle Initial) Maria-Laura Mancianti		Date of Receipt MM / DD / YYYY 04 / 26 / 2011		
	Mailing Address 7277 Woodrow Dr		Transaction ID: SA11AI.40989		
	City Oakland	State CA	Zip Code 94611-1434	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Alta Bates Med Ctr		Occupation Pathologist		

C.	Full Name (Last, First, Middle Initial) G. Alden McBee, Dr.		Date of Receipt MM / DD / YYYY 04 / 22 / 2011		
	Mailing Address Department of Pathology 155 Wilson Avenue		Transaction ID: SA11AI.40994		
	City Washington	State PA	Zip Code 15301	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Washington Hosp		Occupation Pathologist		

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 20 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Stuart Monroe, Dr.

Mailing Address Dept of Path
1840 Amherst St

City Winchester State VA Zip Code 22601-2808

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

Name of Employer Winchester Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 11 / 2011
Transaction ID: SA11AI.41002
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
S Sidney Murphree, Dr.

Mailing Address 11751 Interchange Dr

City Louisville State KY Zip Code 40229

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: 04 / 15 / 2011
Transaction ID: SA11AI.41007
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
L. Diana Nevins, Dr.

Mailing Address Department of Pathology
8303 Dodge St

City Omaha State NE Zip Code 68114-4199

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 ▼ 500.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.41009
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)
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FOR LINE NUMBER: PAGE 21 / 31
(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.

Full Name (Last, First, Middle Initial)
P. David Nicholson, Dr.

Mailing Address 2201 Dupont Drive

City State Zip Code
Pensacola FL 32503-4211

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

Name of Employer Occupation
Santa Rosa Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.41010

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Alan Kent Nickell, Dr.

Mailing Address 1757 Caras Rd

City State Zip Code
Waterloo IA 50701-9793

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

Name of Employer Occupation
Allen Mem Hosp Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.41012

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
P. Laurence Parmer, Dr.

Mailing Address Fairway Court Apt 83D

City State Zip Code
Lakewood NJ 08701

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

Name of Employer Occupation
Unaffiliated Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.41017

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 22 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
G Richard Patton, Dr.

Mailing Address Dept of Path A220
1550 N 115th St

City State Zip Code
Seattle WA 98133

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

Name of Employer Occupation
Northwest Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.41018

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
L. Diane Persons, Dr.

Mailing Address 1213 Clinical Lab
3901 Rainbow Blvd.

City State Zip Code
Kansas City KS 66160-7232

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

Name of Employer Occupation
Univ of Kansas Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: SA11AI.41020

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Eugene Volney Pierce, Dr.

Mailing Address Ameripath-RMC Pathology
1020 River Oaks Dr Ste 160

City State Zip Code
Flowood MS 39232

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

Name of Employer Occupation
River Oaks Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.41021

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 23 / 31

(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.

Full Name (Last, First, Middle Initial)
F. Christine Piller, Dr.

Mailing Address 920 Church St N

City State Zip Code
Concord NC 28025-2927

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

Name of Employer Occupation
CMC - Northeast Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.41022

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
M. Joseph Pyle, Dr.

Mailing Address 834 Clinton Pl

City State Zip Code
River Forest IL 60305-1502

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

Name of Employer Occupation
Advocate Christ Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.41030

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mick Raich

Mailing Address 111 Giles Ave Apt C

City State Zip Code
Blissfield MI 49228-1290

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

Name of Employer Occupation
Vachette Pathology unknown

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.41031

Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional)

1460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31
(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.

Full Name (Last, First, Middle Initial)
A Richard Ray, Dr.

Mailing Address Dept of Path
975 Sereno Dr

City State Zip Code
Vallejo CA 94589-2441

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

Name of Employer Occupation
Kaiser Permanente Med Ctr 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
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.41032

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Newman Apple Rice, Dr.

Mailing Address Dept of Path
4401 S Western

City State Zip Code
Oklahoma City OK 73109

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

Name of Employer Occupation
Integris Southwest Medical Center 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
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.41033

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A Arno Roscher, Dr.

Mailing Address Corporate Office
22515 La Quilla Dr

City State Zip Code
Chatsworth CA 91311-1226

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

Name of Employer Occupation
Unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.41040

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 25 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R Carl Schaub, Dr.

Mailing Address Dept of Path
1044 Belmont Ave Box 1790

City State Zip Code
Youngstown OH 44501-1790

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.41047

Amount of Each Receipt this Period
500.00

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

Mailing Address 50 Broad St

City State Zip Code
Waterford NY 12188-2414

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

Name of Employer Forensic Medical Services PC 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
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.41054

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
W John Skinner, Dr.

Mailing Address Dept of Path
300 Main St

City State Zip Code
Lewiston ME 04240-7027

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

Name of Employer Central Maine Med Ctr 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
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.41055

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 26 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
D Daniel Slagel, Dr.

Mailing Address Mercy Medical Ctr
250 Mercy Dr

City State Zip Code
Dubuque IA 52001-7320

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

Name of Employer Occupation
United Clinical Laboratories Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.41057

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
R. David Soike, Dr.

Mailing Address Department of Pathology
400 State of Franklin Road

City State Zip Code
Johnson City TN 37604

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

Name of Employer Occupation
Johnson City Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.41058

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
H. James Spigel, Dr.

Mailing Address Department of Pathology
1100 Central Ave SE

City State Zip Code
Albuquerque NM 87106

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

Name of Employer Occupation
Presbyterian Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2011

Transaction ID: SA11AI.41060

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 31
(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.

Full Name (Last, First, Middle Initial)
Edward Paul Steele, Dr.

Mailing Address Pathology & Lab Med MLC 1010
3333 Burnet Ave

City State Zip Code
Cincinnati OH 45229

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

Name of Employer Occupation
Cincinnati Children's Hosp Pathologist
Med Ctr

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: SA11AI.41061

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. Jeffrey Tarrand, Dr.

Mailing Address Microbiology
1515 Holcombe Blvd Unit 084

City State Zip Code
Houston TX 77030-4009

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

Name of Employer Occupation
UT MD Anderson Cancer Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: SA11AI.41068

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
R. James Taylor, Dr.

Mailing Address Department of Pathology
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

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

Name of Employer Occupation
Pathology Laboratory Assoc Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.41069

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 28 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Chih Hui Tsou, Dr.
Mailing Address 154 Wakeman Place
City State Zip Code
Brooklyn NY 11220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
New York Univ Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 / 06 / 2011
Transaction ID: SA11AI.41075
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Winbern John Turner, Dr.
Mailing Address 2201 Carbon Hill Dr
City State Zip Code
Midlothian VA 23113-2516
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Commonwealth Lab Consultants Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.41077
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Ellen Emily Volk, Dr.
Mailing Address 3445 Executive Ctr Dr
City State Zip Code
Austin TX 78731
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Clinical Path Associates Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.41081
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 825.00
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 29 / 31
(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.

Full Name (Last, First, Middle Initial)
M Timothy Wallace, Dr.

Mailing Address 17010 Sanctuary Trail

City State Zip Code
Brookfield WI 53005

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

Name of Employer Occupation
Aurora Medical Center - Summit Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2011

Transaction ID: SA11AI.41085

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Stephen Christopher Ward, Dr.

Mailing Address Department Of Pathology
One Gustave L Levy Place

City State Zip Code
New York NY 10029-6500

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

Name of Employer Occupation
Mt. Sinai School of Medicine Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2011

Transaction ID: SA11AI.41086

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Bennett Lola Windisch, Dr.

Mailing Address 4608 21st St

City State Zip Code
Lubbock TX 79407-2312

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

Name of Employer Occupation
Covenant Health System Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.41093

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: PAGE 30 / 31

(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.

Full Name (Last, First, Middle Initial)
R Keith Workman, Dr.

Mailing Address Department of Pathology
1001 Sam Perry Blvd

City State Zip Code
Fredericksburg VA 22401-4453

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

Name of Employer Occupation
Mary Washington Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: SA11AI.41096

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
P Ellen Wright, Dr.

Mailing Address Dept of Path
2000 Church St

City State Zip Code
Nashville TN 37236-0001

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

Name of Employer Occupation
Baptist Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: SA11AI.41099

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Carola M. Zalles, Dr.

Mailing Address 201 Seton Pkwy

City State Zip Code
Round Rock TX 78665-8000

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

Name of Employer Occupation
Seton Med Ctr - Williamson Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	1

Transaction ID: SA11AI.41103

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

27708.00

**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)

PAGE 31 / 31

<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

A. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Suntrust Moneris ACH Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.41106 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 15.00
B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Suntrust Account Analysis Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.41107 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 62.50

SUBTOTAL of Disbursements This Page (optional) ▶

77.50

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

77.50