PAGE 1 / 26

Image# 13960536225

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
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 I	NUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00274944	-	IS THIS REPORT X (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		y 20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only) 1 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election
(a) Quarterly Reports:	Ap	r 20 (M4) Jul	20 (M7) Oct 20 (M10) X Jan 31 (YE)
April 15 Quarterly Report July 15	(Q1) (c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report October 15 Quarterly Report	(Q2) Report for the:	Convention (12	C) Special (12S)
January 31 Year-End Report	Floor	ion on	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)		General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)	ort	ion on	in the State of
5. Covering Period	11 27 2012	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined	this Report and to the best of	of my knowledge and bel	ief it is true, correct and complete.
Type or Print Name of Treasu	rer Dr. Renee R. Ellerbroek		
Signature of Treasurer Dr.	. Renee R. Ellerbroek	[Electronically F	iled) Date 01 30 2013
NOTE: Submission of false, erro	oneous, or incomplete information	on may subject the persor	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

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: 11 27 2012 To: 12 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		478752.69
	(b) Cash on Hand at Beginning of Reporting Period	465099.79	
	(c) Total Receipts (from Line 19)	19315.00	430492.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	484414.79	909244.69
7.	Total Disbursements (from Line 31)	33718.90	458548.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	450695.89	450695.89
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

R	eport Covering the Period: From:	27 2012	To: 12 / 31 / 2012
	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)	14425.00	330160.00
	(ii) Unitemized(iii) TOTAL (add	4890.00	100332.00
	Lines 11(a)(i) and (ii)▶	19315.00	430492.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	19315.00	430492.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(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))▶	19315.00	430492.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	19315.00	430492.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Total to Date
	(i) Federal Share	0.00	0.00
	(i) Tederal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	218.90	1266.80
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii), and (b))▶	218.90	1266.80
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	34500.00	480000.00
4.	Independent Expenditures		
5.	(use Schedule E)	0.00	0.00
٠.	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	2.22
	(use Schedule F)	0.00	0.00
3	Loan Repayments Made	0.00	0.00
٦.	Loan riepayments wade		
7.	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	Ī		
	(b) Political Party Committees	-1000.00	-9000.00
	(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	-1000.00	-9000.00
	(1111 -1111 -1111)		
9.	Other Disbursements	0.00	-13718.00
).	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	7
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	7	
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Dishurasments (add Lines 04/s) 00		
١.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22740.00	450540.00
	20, 24, 20, 20, 21, 20(u), 29 and 30(0))	33718.90	458548.80
2.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	33718.90	458548.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19315.00	430492.00
4. Total Contribution Refunds (from Line 28(d))	-1000.00	-9000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20315.00	439492.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	218.90	1266.80
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	218.90	1266.80

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

						PAGE	6	OF	26	
(check only one)										
	[:	X	11a		11b		11c	12	!	
			13		14		15	16	;	17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. John B Alexis MBChB		Date of Receipt
Mailing Address Path		M = M / D = D / Y = Y = Y
4300 Alton Rd	Ctota 7'- C '	12 20 2012
City Miami Beach	State Zip Code FL 33140-2800	Transaction ID : SA11AI.47923
	00140-2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Mt Sinai Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr Dale F Andres DO		Date of Receipt
Mailing Address Mercy Clinical Laboratory		M = M / D = D / Y = Y = Y
1111 6th Ave	State 7'm Code	12 27 2012
City Des Moines	State Zip Code IA 50314-2611	Transaction ID : SA11AI.47946
Des Moines	IA 50314-2611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Mercy Med Ctr-Des Moines	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) C. Dr. Lee G Beckwith MD,MS		Date of Receipt
Mailing Address 1212 Perryville Rd		12 19 2012
City	State Zip Code	Transaction ID : SA11AI.47917
Cape Girardeau	MO 63701-3806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Southeast Missouri Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number	r only)	

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

						PAGE	7	OF	26
(check only one)									
	X 11a 11b					11c	12	2	
		13		14		15	16	3	17

	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) College of American Patholo	gists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Ricardo Q. Binsol MD Mailing Address 9 Audobon Rd		Date of Receipt
		12 31 2012
City	State Zip Code	Transaction ID : SA11AI.47972
Livingston	NJ 07039-3103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Bayonne Medical Ctr	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	255.00	
Full Name (Last, First, Middle Initial) 3. Dr. Karl Joseph Blessinger MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
172 4th St SE	Stata Zin Cada	12 06 2012
City Huron	State Zip Code SD 57350-2510	Transaction ID : SA11AI.47859 Amount of Each Receipt this Period
	0.000 20.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Huron Regional Medical Center	Occupation	
Receipt For:	Pathologist	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas A Bolton MD		Date of Receipt
Mailing Address Dept of Path 2013 Ponce De Leon Ave		12 28 2012
City West Palm Beach	State Zip Code FL 33407-6019	Transaction ID : SA11AI.47958 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Palm Beach Path	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	I)	650.00
TOTAL This Period (last page this line num	oher only)	
IVIAL THIS FEHOU HASE DAYE THIS HITE HUIT	IDGI UIIIY)	

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

FOR LINE NUMBER:						PAGE	8	OF	26
(0	che	ck only							
	X	11a	11c	12					
		13		14		15	16	;	17

1 1 1	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	oto Dolitical Astica Occurry	
College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Thomas J Cooper Jr MD		Date of Receipt
Mailing Address 5620 E El Parque St		12 14 2012
City	State Zip Code	Transaction ID : SA11AI.47899
Long Beach	CA 90815-4129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
unaffiliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Dr. Phillip L Day MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
2201 S Clear Creek Rd	Stata 7in Codo	12 05 2012
City	State Zip Code TX 76549-4110	Transaction ID : SA11AI.47851
Killeen	TX 76549-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Metroplex Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Howard David Epstein MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
One Hoag Dr PO Box 6100 City	State Zip Code	12 22 2012 Transaction ID : SA11AI.47935
Newport Beach	CA 92658-6100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Hoag Memorial Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		450.00
The contraction of the contracti	<u> </u>	
TOTAL This Period (last page this line number	only)	

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

FO	PAGE	9	OF	26				
(ch								
>	1 1a	11c	12	!				
	13		14		15	16	;	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	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr Charles W Ferris Jr MD		Date of Receipt
Mailing Address Path 3015 N Ballas Rd		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis	State Zip Code MO 63131-2329	Transaction ID : SA11AI.47924 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Missouri Baptist Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Robert Anthony Frazier Jr MD Mailing Address 733 Boush St Ste 200		Date of Receipt
City Norfolk	State Zip Code VA 23510-1501	12 11 2012 Transaction ID : SA11AI.47887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Dominion Pathology Laboratories	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Dr. Alexandra J. Gillespie MD		Date of Receipt
Mailing Address 3111 Beverly Dr		12 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dallas	State Zip Code TX 75205-2922	Transaction ID : SA11AI.47867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer PathAdvantage Associated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	····	3100.00
TOTAL This Period (last page this line number	r only)	

Us for De

	FO	PAGE		IO OF		26				
se separate schedule(s) reach category of the	(ch	(check only one)								
etailed Summary Page	>	1 1a		11b		11c		12		
, ,		13		14		15		16		17

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Eric F Glassy MD		Date of Receipt
Mailing Address 19951 Mariner Ave Ste 150		12 11 2012
City Torrance	State Zip Code CA 90503-1738	Transaction ID : SA11AI.47888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Affiliated Path Med Grp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Dr. Vito M Gulli MD Mailing Address Dept of Path		Date of Receipt
1 Robert Wood Johnson Pl City	State Zip Code	12 26 2012 Transaction ID : SA11Al.47943
New Brunswick	NJ 08901-1928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer UMDNJ Robert Wood Johnson Med School	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas S. Haas DO	1	Date of Receipt
Mailing Address Department of Pathology 1000 Mineral Point Ave		12
City Janesville	State Zip Code WI 53548-2940	Transaction ID : SA11AI.47901 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Mercy Hospital Receipt For:	Pathologist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Tear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		2050.00
TOTAL This Period (last page this line number	r only)	

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

FOR	LINE	NU	MBER	:	PAGE	_ 1	11	OF	26
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	,	17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	riete Political Action Committee	
/	gists Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Dr. Robert D Hoffman MD,PhD		Date of Receipt
Mailing Address 472 Summit Oaks Dr		12 17 2012
City	State Zip Code	Transaction ID : SA11AI.47907
Nashville	TN 37221-1316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Vanderbilt Univ Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	0.0	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Anthony N Hui MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
390 E Longview St	State 7in Code	12 20 2012
City	State Zip Code	Transaction ID : SA11AI.47926
Fayetteville	AR 72703-4618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Northwest Arkansas Path Assc	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	0.0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Herman S Hurwitz MD		Date of Receipt
Mailing Address 1004 Annapolis Ln.		M = M / D = D / Y = Y = Y
City	State Zip Code	12 26 2012 Transaction ID : SA11AI.47944
Cherry Hill	NJ 08003-2800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
unaffiliated	Pathologist]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	550.00	
Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional))	800.00
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

		R LINE			:	PAGE	_ 1	12	OF	26
Use separate schedule(s) for each category of the	`	ck only	or	ne)				1		
Detailed Summary Page	×	11a		11b		11c		12		il
		13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Patholog	gists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Carmen Joseph Julius MD		Date of Receipt
Mailing Address 1044 Belmont Ave		12 27 2012
City	State Zip Code	Transaction ID : SA11AI.47949
Youngstown	OH 44504-1096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
St Elizabeth Hlth Ctr	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Mike G. Lacey MD		Date of Receipt
Mailing Address 6600 Sierra College Blvd		12 17 2012
City	State Zip Code	Transaction ID : SA11AI.47908
Rocklin	CA 95677-4306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Cell Marque	Pathologist	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Karla K. Murphy MD		Date of Receipt
Mailing Address Plaza 3 1315 S Cliff Ave Ste 4100		12 31 2012
City Sioux Falls	State Zip Code SD 57105	Transaction ID : SA11AI.47981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Physicians Laboratory Ltd	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)	_	1050.00
TOTAL This Period (last page this line numb		
IVIAL THIS PERIOD (IDST PAGE THIS THE NUMB	ושו ∪וווy ▶	

	FOR LINE NUMBER:	PAGE 13 OF
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	11c 12
	13 14] ₁₅

26

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Shrin Rajagopalan MD,PhD		Date of Receipt
Mailing Address 1900 Kildaire Farm Rd		12 31 2012
City	State Zip Code	Transaction ID : SA11AI.47985
Cary	NC 27518-6616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
WakeMed Cary Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr Michael H Reilly MD	•	Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
Cheel 1st Flr City	State Zip Code	12 17 2012
Ridgewood	NJ 07450-2726	Transaction ID : SA11AI.47909 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	-
Valley Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Victoria G Reyes MD	•	Date of Receipt
Mailing Address Dept of Pathology 365 Montauk Ave		12 / 28 / 2012
City New London	State Zip Code CT 06320-4769	Transaction ID : SA11AI.47967
	01 00320-4709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Lawrence & Memorial Hosp	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 14 OF (check only one) X 11a 11b 11c

26 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Thomas F Ruhlen MD Date of Receipt Mailing Address 14124 W Hope Dr 2012 12 City Zip Code State Transaction ID: SA11AI.47890 Surprise ΑZ 85379-4344 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Marion M. Rundell MD Date of Receipt Mailing Address Dept of Path 2nd FI 500 Medical Center Blvd 12 06 2012 City State Zip Code Transaction ID: SA11AI.47873 TX Webster 77598-4220 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Clear Lake Pathology Partners LTD Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Carl R Schaub MD Date of Receipt Mailing Address Dept of Path 12 27 2012 1044 Belmont Ave City Zip Code State Transaction ID: SA11AI.47951 OH Youngstown 44504-1006 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation St Elizabeth Hlth Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 15 OF 26 U: fo D

	FU	L LINE	IVU	IVIDED		FAGL	•	15 01		20	
lse separate schedule(s)	(ch	(check only one)									
or each category of the letailed Summary Page	>	11a		11b		11c		12			
,		13		14		15		16		17	

Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Howard L Siegel MD Meiling Address Reserve to (Rethelmost		Date of Receipt
Mailing Address Department of Pathology 6701 N Charles St		12 13 2012
City	State Zip Code	Transaction ID : SA11AI.47898
Baltimore	MD 21204-6808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Greater Baltimore Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Byron Howard Simmons MD		Date of Receipt
Mailing Address PO Box 25036		12 31 2012
City	State Zip Code MN 55125-0036	Transaction ID: SA11AI.47987
Woodbury	MN 55125-0036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
St. John's Hosp	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Matthew James Snyder MD		Date of Receipt
Mailing Address Pathology Dept 3000 New Bern Ave		12
City Raleigh	State Zip Code NC 27610-1231	Transaction ID : SA11AI.47902 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	
Raleigh Pathology Lab Assoc PA	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.00	
SUBTOTAL of Receipts This Page (optional)		725.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER: PAGE 16 C	OF 26
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
, ,		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	jists Political Action Committee	
Full Name (Last, First, Middle Initial) Sergio Soroka MD Mailing Address, 7600 Reachput		Date of Receipt
Mailing Address 7600 Beechnut 2nd Floor		12 27 2012
City	State Zip Code	Transaction ID : SA11AI.47952
Houston	TX 77074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Memorial Pathology Consultants, PA	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. V. O. Speights Jr DO		Date of Receipt
Mailing Address Dept of Path MS-01-266 2401 S 31st St	Chata Zin Code	12 07 2012
City Temple	State Zip Code TX 76508-0001	Transaction ID : SA11AI.47883
•		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Scott and White Memorial Hospital	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Robert I Sprague MD		Date of Receipt
Mailing Address Path Dept Rm 1219 8260 Atlee Rd		12 31 2012
City Mechanicsville	State Zip Code VA 23116-1844	Transaction ID : SA11AI.47990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Memorial Reg Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Curer (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)	·····	950.00
TOTAL This Period (last page this line numb	er only)	

Harana and a sala dada (a)	FOF	PAGE	 17	OF	26				
Use separate schedule(s) for each category of the	(che	ck only	or	ne)					
Detailed Summary Page	×	11a		11b		11c	12		
, ,		13		14		15	16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert George Stallings MD Mailing Address 162 Dogwood Ln City Rutherfordton FEC ID number of contributing federal political committee. Name of Employer Rutherford Hosp Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28139-3222 C Occupation Pathologist Aggregate Year-to-Date ▼ 462.00	Date of Receipt 12 27 2012 Transaction ID: SA11AI.47953 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr. Deborah L Turski MD Mailing Address 700 S Park St City Madison FEC ID number of contributing federal political committee. Name of Employer St Mary's Hospital Receipt For: Primary General Other (specify)	State Zip Code WI 53715-1830 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt 12 06 2012 Transaction ID: SA11AI.47877 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Leslie L Walters MD Mailing Address 5604 Banister Ct City Plano FEC ID number of contributing federal political committee. Name of Employer Medical City Dallas Hospital Receipt For: Primary General Other (specify)	State Zip Code TX 75093-4227 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 12 21 2012 Transaction ID : SA11AI.47934 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	900.00
TOTAL This Period (last page this line number	only)	

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

FOF	LINE	NU	IUMBER: PAGE 18 OF							
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			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.

or for commercial purposes, ot	her than using the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In College of America	Full) n Pathologists Political Action Committee	
Full Name (Last, First, Midd Dr. Rebecca F Yorke M Mailing Address 2504 Elmen	MD	Date of Receipt
City Houston FEC ID number of contribut federal political committee. Name of Employer Cypress Fairbanks Med Ctr Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Transaction ID: SA11AI.47915 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Midd Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contribut federal political committee. Name of Employer	ing C Occupation	Amount of Each Receipt this Period
Receipt For: Primary Gen Other (specify) ▼	Aggregate Year-to-Date ▼ eral	
Full Name (Last, First, Midd Mailing Address City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contribut federal political committee. Name of Employer	Occupation	Amount of Lacif neceipt tills Fellou
Receipt For: Primary Gen Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This	Page (optional)	250.00
TOTAL This Period (last page	e this line number only)	14425.00

S ľ

S	CHEDULE B (FEC Form 3X)				FOR	LINE	NUM	BER	:			PA	GE	19	OF	26
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	\ I	(chec	k only	one)		7.65			_	7.6-	_	
			Summary Page		×	21b 27		22 28a		23 28b		24 28c		25 29		26 30b
Λ-	by information copied from such Departs and States	l nonte mou	not be cold or	20d P	W 000				Pur		of o		\		ıtion	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam															
\setminus	NAME OF COMMITTEE (In Full)															
$ \rangle$	College of American Pathologists F	Political	Action Com	mit	tee											
_	Full Name (Last, First, Middle Initial)															
A.	Sun Trust Bank									sburse						
	Mailing Address P.O. Box 85024						11 30 2012									
	City	State	Zip Code					Fran	eact	ion ID		R21R	478°	22		
	Richmond Purpose of Disbursement	VA	23285				1	i i ai i	Saci	וטוו ווט	. 3	D2 1 D	.470	~~		
	Suntrust Bank Fee Adjustment						Ar	nour	nt of	Each	Dis	burse	men	t this	Peri	od
	Candidate Name			C	atego	ry/	Г	-	-				-	-	0.50	
	Office Cought				Туре		L	-	-	7	_	- 7	-		0.50	Ш
	Office Sought: House Disbursen Senate	nent For: Primary	General													
		Other (spe														
	State: District:		•													
	Full Name (Last, First, Middle Initial)															
В.	Sun Trust Bank						Di	ate c	of Di	sburse	eme					
	Mailing Address P.O. Box 85024							12	/)3			012	Υ	
	Richmond	State VA	Zip Code 23285				•	Tran	sact	ion ID) : S	B21B	.478	23		
	Purpose of Disbursement Suntrust Moneris ACH Fee								Amount of Each Disbursen						Peri	od
	Candidate Name			Ca	ategoi	ry/					_	-	•	4.00	П	
					Туре		L	-		7	_			4	1.90	
	Office Sought: House Disbursen Senate	nent For: Primary	General													
		Other (spe														
_	State: District:		·· •													
_	Full Name (Last, First, Middle Initial)						_									
C.	Sun Trust Bank									sburse						
	Mailing Address P.O. Box 85024							12	/	2	20			012	Y	
	City S	State	Zip Code							_						
	Richmond	VA	23285				•	Tran	sact	ion ID) : S	B21B	.478	24		
	Purpose of Disbursement Suntrust Account Analysis Fee				-	$\neg \neg$										
	Candidate Name				ategoi Type	ry/	Ar	nour	nt of	Each	Dis	burse	men		Peri 5.50	
	Office Sought: House Disbursen	nent For:		<u> </u>	7,50				Ť	7		- 1				
		Primary	General													
		Other (spe	cify) 🔻													
_	State: District:															
s	SUBTOTAL of Disbursements This Page (optional)					<u> </u>		-	-	7			-	18	7.90	4
т	OTAL This Period (last page this line number only)					•				7		- 7				

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 20								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check of	nly one)							
	Detailed Summary Page	X 21	b 22 28a	23 28b	24 25 26 28c 29 30l					
Any information copied from such Beneric and Chate	monte may not be cold as									
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)		_								
College of American Pathologists	Political Action Com	mittee								
Full Name (Last, First, Middle Initial)			5 .	(D:-!						
A. Sun Trust Bank			Date of Disbursement							
Mailing Address P.O. Box 85024			12	24	2012					
City	State Zip Code		Transaction ID : SB21B.47825							
Richmond Purpose of Disbursement	VA 23285		_		•==:=:::•=•					
Suntrust Deposit Correction Fee			Amoun	t of Each D	isbursement this Period					
Candidate Name		Category/			6.00					
Office Sought: House Disburse	ment For:	Туре	-							
Senate	Primary General									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial) B. Sun Trust Bank			Date o	f Disbursem	nent					
5. Suil Hust Ballk			M M	/ D D						
Mailing Address P.O. Box 85024			12	24	2012					
City Richmond	City State Zip Code Richmond VA 23285				SB21B.47826					
Purpose of Disbursement	20200									
Suntrust Deposit Correction- Check Returned Candidate Name			Amoun	t of Each D	isbursement this Period					
Candidate Name		Category/ Type		25.00						
Office Sought: House Disburse	ment For:	71	_	,	,					
Senate	Primary General									
President State: District:	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
C.			Date o	f Disbursem	nent					
Mailing Address			M = M	/ D D	/					
	Ctoto 7:n Codo									
City	State Zip Code									
Purpose of Disbursement										
Candidate Name		Category/ Type	Amoun	t of Each D	isbursement this Period					
Office Sought: House Disburse	ment For:		1 —	7						
Senate	Primary General									
State: District:	Other (specify) ▼									
State. District.										
SUBTOTAL of Disbursements This Page (optional).					31.00					
			-		200					
TOTAL This Period (last page this line number only	y)	·····			218.90					

SCHEDULE B (FEC I	Form 3X)			FOR LINE	NUMBER	:	PAGE	21 (OF 26	
ITEMIZED DISBURSE	MENTS		parate schedule(s) h category of the	(check only	one)					
			d Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	26 30b	
Any information assist from a section	Deports and Otation		, not be cald as							
Any information copied from such or for commercial purposes, othe										
NAME OF COMMITTEE (In F										
College of American	,	Political	Action Com	mittee						
/										
Full Name (Last, First, Middle A. BENISHEK FOR CO	,	,			Date o	f Disburser	nant			
A. BENISHEK FOR CC	INGRESS, INC	<i>)</i> .			M M	/		Y	V	
Mailing Address PO BOX 108					12	13		2012		
CLARSTONE	\$	State MI	Zip Code		Trans	action ID :	SB23.478	39		
GLADSTONE Purpose of Disbursement		IVII	49837							
r arpose or Biobarcomone					Amoun	t of Each [Disburseme	nt this	Period	
Candidate Name				Category/				-	-	
				Type		-,-		5000	0.00	
Office Sought: House	Disburser									
Senate		Primary	General							
State: MI District:	on	Other (sp	Debt Retireme	ent						
Full Name (Last, First, Middle										
B. COLLINS FOR CON	*				Date o	f Disburser	nent			
					M M	/ D) / Y	Y	Υ	
Mailing Address P.O. BOX 38	6				12	13		2012		
City	(State	Zip Code		Trans	saction ID	SB23.478	40		
CLARENCE Purpose of Disbursement		NY	14031							
r dipose of bisbuisement					Amoun	t of Each [Disburseme	nt this	Period	
Candidate Name				Category/				-		
				Type				1000	0.00	
Office Sought: House	Disburser									
Senate		Primary	General							
State: NY District:	26	Other (sp	Debt Retireme	ont .						
Full Name (Last, First, Middle			Debt Retireme	511t						
C. DAVID SCHWEIKER	,	RESS			Date o	f Disburser	nent			
					M M	/ D) / Y	YY	Υ	
Mailing Address 15749 E EL L	AGO BLVD				12	04	J L.	2012		
City		State	Zip Code							
FOUNTAIN HILLS	`	AZ	85268		Trans	saction ID	SB23.478	29		
Purpose of Disbursement										
					Amoun	t of Each [Disburseme	nt this	Period	
Candidate Name	Category/							2500	0.00	
Office Sought: Y House	Disburser	nent For:	2014	Туре		-	7			
Senate		Primary	General							
Preside		Other (sp								
State: AZ District:	05									
								1. 1		
SUBTOTAL of Disbursements T	his Page (optional)			·····				8500	.00	
TOTAL This D. I. I. //	-1- 11 1									
TOTAL This Period (last page the	nis line number only)					-				

SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	22 ()F 26	
ITI	EMIZED DISBURSEMENTS		rate schedule(s) ategory of the	(check only	one)					
			Summary Page	21b	22	X 23	24	25	26	
				27	28a	28b	28c	29	30b	
	y information copied from such Reports and Staten for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)									
$ \rangle$	College of American Pathologists F	Political A	Action Com	mittee						
_	Full Name (Last, First, Middle Initial)				_					
A.	FARM PAC				Date of	f Disbursen	nent			
	Mailing Address 675 N Washington St				12 04 2012					
	Suite 410				12	04		012		
	City	State	Zip Code		Tuene	antinu ID .	CD02 4702	^		
	Alexandria	VA	22314		irans	action iD:	SB23.4783	U		
	Purpose of Disbursement				A	(= . =	· · · · · · · · · · · · · · · · · · ·		D = 11 = 1	
	Candidate Name				Amoun	t of Each L	isbursemer	it this i	Period	
	Candidate Name			Category/ Type				1000	.00	
	Office Sought: House Disburser	nent For: 20	<u> </u> 014	ı ype		-	,			
	Senate	Primary	General							
	President	Other (speci	ify) 🔻							
	State: District:									
	Full Name (Last, First, Middle Initial)									
B.	FRIENDS OF JOHN BARRASSO				Date of	f Disbursen	nent			
	Maritim and Address B. O. B. Toolog							7 7 7	Υ	
	Mailing Address P.O. Box 52008				12	13		2012		
	•	State	Zip Code		Trans	action ID:	SB23.4784	3		
	Casper Purpose of Disbursement	WY	82605		_					
	Tarpood of Biobardomont				Amoun	t of Each D)isbursemer	nt this F	Period	
	Candidate Name			Category/				-	-	
				Type		-		3000	0.00	
		nent For: 2	014							
		Primary	General							
	President State: WY District: 00	Other (speci	ity) 🔻							
_										
	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE				Date of	f Disbursem	nent			
٠.	HATCH ELECTION COMMITTEE				M M	/ D D		YY	V	
	Mailing Address P.O. BOX 900427				12	13		2012		
	•	State	Zip Code		Trans	action ID:	SB23.4784	4		
	SANDY Purpose of Disbursement	UT	84090							
	Turpose of Biobardemone				Amoun	t of Each F)isbursemer	st thin I	Pariod	
	Candidate Name			Category/	Amoun	I OI Eacii L	nsburserrier	11 11115 1	enou	
				Type	Ι.			2500	.00	
	Office Sought: House Disburser	nent For: 20	016			, , , , , , , , , , , , , , , , , , , ,				
	Senate X	Primary	General							
	President	Other (speci	ify) 🔻							
	State: UT District: 00									
1_	UDTOTAL of Disks							6500	.00	
Ls	UBTOTAL of Disbursements This Page (optional)			·····•		7	-	3300		
T	OTAL This Period (last page this line number only)									
	, , , ,			_		7	7			

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 23	OF 26				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29					
Anni information, assisted from such Bounds and Claten								
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
College of American Pathologists P	olitical Action Comr	mittee						
Full Name (Last, First, Middle Initial)								
A. HEIDI FOR SENATE			Date of Disbursement					
Mailing Address PO BOX 1577			12 12 2012					
,	tate Zip Code		Transaction ID : SB23.47837					
	ND 58502		Transaction ID . 3B23.47037					
Purpose of Disbursement			Amount of Each Disbursement thi	s Period				
Candidate Name		Category/	25	500.00				
000		Туре	20	300.00				
	nent For: 2012 Primary General							
	Other (specify) ▼							
State: ND District: 00	Debt Retiremer	nt						
Full Name (Last, First, Middle Initial)								
B. HUDSON FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 5053	Mailing Address PO BOX 5053							
0.1.	7'- 0-1-							
•	itate Zip Code NC 28027		Transaction ID : SB23.47833					
Purpose of Disbursement			1					
Candidate Name			Amount of Each Disbursement this P					
Candidate Name		Category/ Type	10	00.00				
Office Sought: House Disbursem	ent For: 2012							
	Primary General							
<u> </u>	Other (specify) ▼							
State: NC District: 08 Full Name (Last, First, Middle Initial)	Debt Retiremen	nt						
C. KIND FOR CONGRESS COMMITT	FF		Date of Disbursement					
			M M / D D / Y Y	Y				
Mailing Address 205 5TH AVENUE, SOUTH SUITE 200			12 13 2012					
	tate Zip Code		Transaction ID : SB23.47845					
	WI 54601		Transaction ib . 3B23.47043					
Purpose of Disbursement								
Candidate Name			Amount of Each Disbursement thi	s Period				
		Category/ Type	50	00.00				
Office Sought:	nent For: 2014	yr						
Senate	Primary General							
_	Other (specify) ▼							
State: WI District: 03								
CURTOTAL of Dishumanus and This Days (a 11)			85	00.00				
SUBTOTAL of Disbursements This Page (optional)		······						
TOTAL This Period (last page this line number only).								

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF 26					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:					
	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26					
	Detailed Suffillially Page	27	28a 28b 28c 29 30b					
Any information copied from such Reports and Staten								
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
$ \; angle$ College of American Pathologists F	Political Action Comm	nittee						
		-						
Full Name (Last, First, Middle Initial)			Data of Dichurament					
A. RODNEY FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 344			12 13 2012					
			.2 .0 .20,2					
City	State Zip Code		Transaction ID : SB23.47846					
TAYLORVILLE	IL 62568		Transaction ID: 3B23.47646					
Purpose of Disbursement								
Candidate Name			Amount of Each Disbursement this Period					
Candidate Ivallie		Category/ Type	5000.00					
Office Sought:	***							
Senate Season Single Senate	Primary General							
President	Other (specify) ▼							
State: IL District: 13	Debt Retirement	t						
Full Name (Last, First, Middle Initial)								
B. Roskam for Congress			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address P.O. Box 713			12 13 2012					
City	State Zip Code							
Wheaton	IL 60189		Transaction ID : SB23.47849					
Purpose of Disbursement								
			Amount of Each Disbursement this Period 3000.00					
Candidate Name		Category/						
		Type	3000.00					
	nent For: 2014							
Senate Y	Primary General Other (specify) ▼							
State: IL District: 06	Other (specify)							
Full Name (Last, First, Middle Initial)								
C. TIBERI FOR CONGRESS			Date of Disbursement					
TIDERATION CONCRETE			M M / D D / Y Y Y					
Mailing Address 2931 E DUBLIN GRANVILLE ROA	D		12 04 2012					
SUITE 190								
,	State Zip Code OH 43231		Transaction ID : SB23.47835					
Purpose of Disbursement	40201							
•			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type	2000.00					
	nent For: 2014							
Senate	Primary General							
President	Other (specify) ▼							
State: OH District: 12								
CURTOTAL of Distance and Time D			10000.00					
SUBTOTAL of Disbursements This Page (optional)		······						
TOTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)		FOD LINE	E NUMBER: PAGE 25 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.						
II LIMILLO DIODONOLIVILINIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26						
		27	28a 28b 28c 29 30k						
Any information copied from such Reports and Staten									
or for commercial purposes, other than using the name	ne and address of any political	committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		_							
College of American Pathologists F	Political Action Comm	ittee							
/ Full Name (Last, First, Middle Initial)		1							
A. TIM JOHNSON FOR SOUTH DAK	OTA		Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address P.O. Box 1536			12 04 2012						
City	Note 7in Onda								
City Sioux Falls	State Zip Code SD 57101		Transaction ID : SB23.47836						
Purpose of Disbursement	57 101								
			Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
		Type	1000.00						
	nent For: 2014								
	Primary General								
State: SD District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
B.			Date of Disbursement						
			M = M / D = D / Y = Y = Y						
Mailing Address									
City	State Zip Code								
Purpose of Disbursement	Τ_								
•			Amount of Each Disbursement this Period						
Candidate Name	I	Category/							
		Type							
Office Sought: House Disbursen									
Senate President	Primary General								
State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
3.			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address									
Otto	7. 0. 1								
City	State Zip Code								
Purpose of Disbursement									
		Amount of Each Disbursement this Period							
Candidate Name		Category/							
		Туре							
Office Sought: House Disburser									
Senate President	Other (specify) —								
State: District:	Other (specify) ▼								
- Biotriot									
SUBTOTAL of Disbursements This Page (optional)			1000.00						
TOTAL This Period (last page this line number only)			34500.00						

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 26 OF 26	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	-	FOR LINE NUMBER: PAGE 26 OF 26 (check only one)	
		21b	22 23 24 25 26	
	Detailed Sulfilliary Fage	27	28a X 28b 28c 29 30b	
Any information copied from such Reports and Staten				
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)		1		
$ \; angle$ College of American Pathologists F	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. PALLONE FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y	
Mailing Address PO BOX 3176		11 28 2012		
City.	State Zin Cada			
City S LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB28B.47827	
Purpose of Disbursement	07740			
Refund of 2012 General Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	4000.00	
		Туре	-1000.00	
Office Sought: House Disbursen				
	Primary General			
State: NJ District: 06	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
			M - M / D - D / Y - Y - Y	
Mailing Address				
City	Note 75 Oct			
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/		
000		Type	7 7 7	
Office Sought: House Disbursen				
	Primary General Other (specify)			
State: District:	Canon (opcomy)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
		M M / D D / Y Y Y Y		
Mailing Address				
City	State Zip Code			
Oity	orate ZIP Code			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Office Cought: House	ant For	Туре		
Office Sought: House Disbursen Senate	nent For: Primary General			
	Other (specify)			
State: District:	(opooj) ▼			
SUBTOTAL of Disbursements This Page (optional)			-1000.00	
TOTAL This Period (last page this line number only)			-1000.00	