

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14425.00	330160.00
(ii) Unitemized	4890.00	100332.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19315.00	430492.00
(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)	19315.00	430492.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	218.90	1266.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	218.90	1266.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	480000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	-1000.00	-9000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-1000.00	-9000.00
29. Other Disbursements	0.00	-13718.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33718.90	458548.80
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19315.00	430492.00
34. Total Contribution Refunds (from Line 28(d))	-1000.00	-9000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20315.00	439492.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	218.90	1266.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	218.90	1266.80

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

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

FOR LINE NUMBER: PAGE 6 OF 26
(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.

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

A. Dr. John B Alexis MBChB
 Full Name (Last, First, Middle Initial)
 Mailing Address Path
 4300 Alton Rd
 City State Zip Code
 Miami Beach FL 33140-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mt Sinai Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : SA11AI.47923
 Amount of Each Receipt this Period
 500.00

B. Dr Dale F Andres DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Mercy Clinical Laboratory
 1111 6th Ave
 City State Zip Code
 Des Moines IA 50314-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mercy Med Ctr-Des Moines Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : SA11AI.47946
 Amount of Each Receipt this Period
 100.00

C. Dr. Lee G Beckwith MD,MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Perryville Rd
 City State Zip Code
 Cape Girardeau MO 63701-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southeast Missouri Hospital Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : SA11AI.47917
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
<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. Dr. Ricardo Q. Binsol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Audobon Rd
 City Livingston State NJ Zip Code 07039-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bayonne Medical Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.47972
 Amount of Each Receipt this Period 500.00

B. Dr. Karl Joseph Blessinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 172 4th St SE
 City Huron State SD Zip Code 57350-2510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Huron Regional Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2012
Transaction ID : SA11AI.47859
 Amount of Each Receipt this Period 500.00

C. Dr. Thomas A Bolton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 2013 Ponce De Leon Ave
 City West Palm Beach State FL Zip Code 33407-6019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palm Beach Path Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2012
Transaction ID : SA11AI.47958
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 650.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(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.

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

A. Dr. Thomas J Cooper Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 E El Parque St
 City Long Beach State CA Zip Code 90815-4129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.47899
 Amount of Each Receipt this Period
 100.00

B. Dr. Phillip L Day MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 2201 S Clear Creek Rd
 City Killeen State TX Zip Code 76549-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metroplex Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : SA11AI.47851
 Amount of Each Receipt this Period
 250.00

C. Dr. Howard David Epstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path One Hoag Dr PO Box 6100
 City Newport Beach State CA Zip Code 92658-6100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hoag Memorial Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2012
Transaction ID : SA11AI.47935
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 OF 26
(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.

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

A. Dr Charles W Ferris Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path
 3015 N Ballas Rd
 City State Zip Code
 Saint Louis MO 63131-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Missouri Baptist Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : SA11AI.47924
 Amount of Each Receipt this Period
 300.00

B. Dr. Robert Anthony Frazier Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 733 Boush St Ste 200
 City State Zip Code
 Norfolk VA 23510-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dominion Pathology Laboratories Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012
Transaction ID : SA11AI.47887
 Amount of Each Receipt this Period
 2500.00

c. Dr. Alexandra J. Gillespie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 Beverly Dr
 City State Zip Code
 Dallas TX 75205-2922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PathAdvantage Associated Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.47867
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00
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 10 OF 26
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

A. Dr Eric F Glassy MD
Full Name (Last, First, Middle Initial)
Mailing Address 19951 Mariner Ave Ste 150
City Torrance State CA Zip Code 90503-1738
FEC ID number of contributing federal political committee. **C**
Name of Employer Affiliated Path Med Grp Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **850.00**

Date of Receipt **12 / 11 / 2012**
Transaction ID : SA11AI.47888
Amount of Each Receipt this Period **500.00**

B. Dr. Vito M Gulli MD
Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path 1 Robert Wood Johnson Pl
City New Brunswick State NJ Zip Code 08901-1928
FEC ID number of contributing federal political committee. **C**
Name of Employer UMDNJ Robert Wood Johnson Med School Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 26 / 2012**
Transaction ID : SA11AI.47943
Amount of Each Receipt this Period **1500.00**

C. Dr. Thomas S. Haas DO
Full Name (Last, First, Middle Initial)
Mailing Address Department of Pathology 1000 Mineral Point Ave
City Janesville State WI Zip Code 53548-2940
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 14 / 2012**
Transaction ID : SA11AI.47901
Amount of Each Receipt this Period **50.00**

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: PAGE 11 OF 26
(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.

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

A. Dr. Robert D Hoffman MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 472 Summit Oaks Dr
 City Nashville State TN Zip Code 37221-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Univ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2012
Transaction ID : SA11AI.47907
 Amount of Each Receipt this Period
 500.00

B. Dr. Anthony N Hui MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 390 E Longview St
 City Fayetteville State AR Zip Code 72703-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Arkansas Path Assc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : SA11AI.47926
 Amount of Each Receipt this Period
 250.00

C. Dr. Herman S Hurwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Annapolis Ln.
 City Cherry Hill State NJ Zip Code 08003-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : SA11AI.47944
 Amount of Each Receipt this Period
 50.00

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: (check only one)	PAGE 12 OF 26
<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. Dr. Carmen Joseph Julius MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Belmont Ave
 City Youngstown State OH Zip Code 44504-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Elizabeth Hlth Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 27 / 2012**
Transaction ID : SA11AI.47949
 Amount of Each Receipt this Period **500.00**

B. Dr. Mike G. Lacey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6600 Sierra College Blvd
 City Rocklin State CA Zip Code 95677-4306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cell Marque Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 17 / 2012**
Transaction ID : SA11AI.47908
 Amount of Each Receipt this Period **50.00**

c. Dr. Karla K. Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Plaza 3
 1315 S Cliff Ave Ste 4100
 City Sioux Falls State SD Zip Code 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians Laboratory Ltd Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 31 / 2012**
Transaction ID : SA11AI.47981
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dr. Shrin Rajagopalan MD, PhD		Date of Receipt
Mailing Address 1900 Kildaire Farm Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Transaction ID : SA11AI.47985
Cary	NC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="1000.00"/>
Name of Employer	Occupation	
WakeMed Cary Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Michael H Reilly MD		Date of Receipt
Mailing Address Dept of Path Cheel 1st Flr		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Transaction ID : SA11AI.47909
Ridgewood	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	
Valley Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Victoria G Reyes MD		Date of Receipt
Mailing Address Dept of Pathology 365 Montauk Ave		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Transaction ID : SA11AI.47967
New London	CT	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	
Lawrence & Memorial Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Dr. Thomas F Ruhlen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14124 W Hope Dr
 City Surprise State AZ Zip Code 85379-4344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012
Transaction ID : SA11AI.47890
 Amount of Each Receipt this Period
500.00

B. Dr. Marion M. Rundell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 2nd Fl 500 Medical Center Blvd
 City Webster State TX Zip Code 77598-4220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clear Lake Pathology Partners LTD Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.47873
 Amount of Each Receipt this Period
500.00

C. Dr. Carl R Schaub MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1044 Belmont Ave
 City Youngstown State OH Zip Code 44504-1006
 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 **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : SA11AI.47951
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Dr Howard L Siegel MD

Full Name (Last, First, Middle Initial)
Mailing Address Department of Pathology
6701 N Charles St

City Baltimore State MD Zip Code 21204-6808

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

Name of Employer Greater Baltimore Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2012

Transaction ID : SA11AI.47898

Amount of Each Receipt this Period
500.00

B. Dr. Byron Howard Simmons MD

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 25036

City Woodbury State MN Zip Code 55125-0036

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

Name of Employer St. John's Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.47987

Amount of Each Receipt this Period
50.00

c. Dr. Matthew James Snyder MD

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

City Raleigh State NC Zip Code 27610-1231

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

Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11AI.47902

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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 17 OF 26
(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.

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

A. Dr. Robert George Stallings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 Dogwood Ln
 City Rutherfordton State NC Zip Code 28139-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutherford Hosp Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : SA11AI.47953
 Amount of Each Receipt this Period
 150.00

B. Dr. Deborah L Turski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 S Park St
 City Madison State WI Zip Code 53715-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Mary's Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.47877
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 26
(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.

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

A. Full Name (Last, First, Middle Initial)
Dr. Rebecca F Yorke MD

Mailing Address 2504 Elmen St

City Houston State TX Zip Code 77019-6712

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

Name of Employer Cypress Fairbanks Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 18 / 2012

Transaction ID : SA11AI.47915

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	14425.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Bank Fee Adjustment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	2

Transaction ID : SB21B.47822

Amount of Each Disbursement this Period

0	.	5	0
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	1	2

Transaction ID : SB21B.47823

Amount of Each Disbursement this Period

4	1	.	9	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.47824

Amount of Each Disbursement this Period

1	4	5	.	5	0
---	---	---	---	---	---

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

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

1	8	7	.	9	0
---	---	---	---	---	---

1	8	7	.	9	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Deposit Correction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
12 / 24 / 2012

Transaction ID : SB21B.47825

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Deposit Correction- Check Returned

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
12 / 24 / 2012

Transaction ID : SB21B.47826

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

31.00

218.90

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City State Zip Code
GLADSTONE MI 49837

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Debt Retirement

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2012

Transaction ID : SB23.47839

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address P.O. BOX 386

City State Zip Code
CLARENCE NY 14031

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Debt Retirement

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2012

Transaction ID : SB23.47840

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVID SCHWEIKERT FOR CONGRESS

Mailing Address 15749 E EL LAGO BLVD

City State Zip Code
FOUNTAIN HILLS AZ 85268

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2012

Transaction ID : SB23.47829

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. FARM PAC

Mailing Address 675 N Washington St
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2012

Transaction ID : SB23.47830

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address P.O. Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2012

Transaction ID : SB23.47843

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE

Mailing Address P.O. BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2012

Transaction ID : SB23.47844

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General Other (specify) ▼
Debt Retirement

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2012

Transaction ID : SB23.47837

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General Other (specify) ▼
Debt Retirement

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2012

Transaction ID : SB23.47833

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE, SOUTH
SUITE 200

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: WI District: 03

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2012

Transaction ID : SB23.47845

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Debt Retirement

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2012

Transaction ID : SB23.47846

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Roskam for Congress

Mailing Address P.O. Box 713

City Wheaton State IL Zip Code 60189

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2012

Transaction ID : SB23.47849

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2012

Transaction ID : SB23.47835

Amount of Each Disbursement this Period

2000.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)

A. TIM JOHNSON FOR SOUTH DAKOTA

Mailing Address P.O. Box 1536

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: SD District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

Transaction ID : SB23.47836

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

34500.00

