

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005

Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2011 through 05 31 2011

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 06 15 2011

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		388632.97
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	390593.22									
(c) Total Receipts (from Line 19) .....	48195.00	226443.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	438788.22	615075.97								
7. Total Disbursements (from Line 31) .....	65.50	176353.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	438722.72	438722.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	32512.00	160772.00
(ii) Unitemized .....	13683.00	64321.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	46195.00	225093.00
(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) .....	46195.00	225093.00
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 .....	2000.00	1350.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	48195.00	226443.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48195.00	226443.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	65.50	353.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.50	353.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	175718.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	282.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65.50	176353.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65.50	176353.25

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) .....	46195.00	225093.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46195.00	225093.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.50	353.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.50	353.25

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

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

FOR LINE NUMBER: PAGE 6 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
L. Charles Abbott, Dr.

Mailing Address Dept of Path & Clin Labs  
725 North St

City State Zip Code  
Pittsfield MA 01201-4124

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

Name of Employer Occupation  
Berkshire Health Systems Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2011

**Transaction ID:** SA11AI.41132

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Randa Alsabeh

Mailing Address 8700 Beverly Blvd Rm 4709

City State Zip Code  
Los Angeles CA 90048-1804

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

Name of Employer Occupation  
Cedars-Sinai Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2011

**Transaction ID:** SA11AI.41145

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
M. Victor Alvarez, Dr.

Mailing Address 2045 S 14th Ave Unit 17

City State Zip Code  
Yuma AZ 85364-6286

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

Name of Employer Occupation  
Yuma Reg Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** SA11AI.41332

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Harold Amsbaugh, Dr.		Date of Receipt	
	Mailing Address 901 Montgomery St		M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.41328
	Decorah	IA	52101-2325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Winneshiek County Mem Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Primilina Andres-Corpus		Date of Receipt	
	Mailing Address Path Dept 1305 N Elm St		M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.41215
	Henderson	KY	42420-2783	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		400.00	
Name of Employer Methodist Hospital		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Byron Arndt, Dr.		Date of Receipt	
	Mailing Address 1111 Crater Lake		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.41259
	Medford	OR	97504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Providence Medford Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) A. Mark Arnesen, Dr.		Date of Receipt																					
	Mailing Address Lab 11136 800 E 28th St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	1	1														
	City State Zip Code Minneapolis MN 55407-3731		<b>Transaction ID:</b> SA11AI.41109																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation Abbott Northwestern Hosp Pathologist		Aggregate Year-to-Date 500.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>B.</b>	Full Name (Last, First, Middle Initial) M Janis Atkinson, Dr.		Date of Receipt																					
	Mailing Address Dept of Path 355 Ridge Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	4		2	0	1	1														
	City State Zip Code Evanston IL 60202-3399		<b>Transaction ID:</b> SA11AI.41271																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation St. Francis Hosp Pathologist		Aggregate Year-to-Date 1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Nadarajah Balasubramaniam		Date of Receipt																					
	Mailing Address Dept. of Pathology 1101 Nott St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	0		2	0	1	1														
	City State Zip Code Schenectady NY 12308		<b>Transaction ID:</b> SA11AI.41169																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation Ellis Hospital Pathologist		Aggregate Year-to-Date 1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
C. Laurence Berg, Dr.

Mailing Address Department of Pathology  
1900 South Ave

City State Zip Code  
La Crosse WI 54601

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

Name of Employer Occupation  
Gundersen Lutheran Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2011

Transaction ID: SA11AI.41183

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Hugo Jerry Broman, Dr.

Mailing Address 1005 Byers Ave

City State Zip Code  
Chambersburg PA 17201-3817

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

Name of Employer Occupation  
Chambersburg Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2011

Transaction ID: SA11AI.41148

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Anderson Noel Brownlee, Dr.

Mailing Address 109 Riverlook Ln

City State Zip Code  
Piedmont SC 29673-6587

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

Name of Employer Occupation  
St Francis Hosp Inc Lab Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2011

Transaction ID: SA11AI.41274

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

**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 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
G John Buck, Dr.  
Mailing Address 5850 Rogerdale Rd  
City Houston State TX Zip Code 77072-1602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Quest Diagnostics Inc. Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY  
05 / 09 / 2011  
**Transaction ID:** SA11AI.41261  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Delvalle Rebeca Candal, Dr.  
Mailing Address 100 Medical Center Dr  
City Slidell State LA Zip Code 70461-5520  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northshore Regional Medical Center Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY  
05 / 04 / 2011  
**Transaction ID:** SA11AI.41236  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
W. Edward Catalano, Dr.  
Mailing Address 408 Alta Vista Rd  
City Columbia State SC Zip Code 29203-9507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kershaw Health Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY  
05 / 04 / 2011  
**Transaction ID:** SA11AI.41249  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00  
**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 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
J. Carmine Cerra, Dr.

Mailing Address Department of Pathology  
206 E. Brown Street

City East Stroudsburg State PA Zip Code 18301

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

Name of Employer Pocono Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 16 / 2011

Transaction ID: SA11AI.41251

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City Long Beach State CA Zip Code 90815-4129

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

Name of Employer Centinela Hosp Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 16 / 2011

Transaction ID: SA11AI.41146

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Frederick John Dauterman, Dr.

Mailing Address Dept of Path  
2700 Stewart Pkwy

City Roseburg State OR Zip Code 97470-1281

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

Name of Employer Mercy Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 09 / 2011

Transaction ID: SA11AI.41212

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
H. Phillip Deos, Dr.

Mailing Address 2625 Coffee Road

City Modesto State CA Zip Code 95355

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

Name of Employer Yosemite Pathology Med Grp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 24 / 2011  
Transaction ID: SA11AI.41331  
Amount of Each Receipt this Period: 400.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Joan Etzell, Dr.

Mailing Address Clin Lab M524 Box 0100  
505 Parnassus Ave

City San Francisco State CA Zip Code 94143-0100

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

Name of Employer Univ of California San Francisco Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 04 / 2011  
Transaction ID: SA11AI.41299  
Amount of Each Receipt this Period: 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Sandra Ewaskow

Mailing Address 1280 116th Ave NE Ste 100

City Bellevue State WA Zip Code 98004-3803

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

Name of Employer Eastside Pathology Inc, PS Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 05 / 24 / 2011  
Transaction ID: SA11AI.41166  
Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2800.00

**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 13 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ellen Stephany Fiore, Dr.  
Mailing Address 4800 Broadway Ste 100

City State Zip Code  
Sacramento CA 95820-1541

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

Name of Employer County of Sacramento Coroner's Office  
Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.41158  
 Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Guery Flores  
Mailing Address 75 Colonia De Salud Ste 200D

City State Zip Code  
Sierra Vista AZ 85635

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

Name of Employer United Pathology LTD  
Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.41297  
 Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Mary Fowkes, Dr.  
Mailing Address Apt 8 D  
215 E 95th St

City State Zip Code  
New York NY 10128

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

Name of Employer Mt Sinai Schl of Med  
Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

**Transaction ID:** SA11AI.41221  
 Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) M.G.F. Gilliland		Date of Receipt MM / DD / YYYY 05 / 04 / 2011
Mailing Address East Carolina Univ 600 Moye Blvd		Transaction ID: SA11AI.41140
City Greenville	State NC	
Zip Code 27834		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Brody School of Medicine	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) L. Daniel Grimmer, Dr.		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 4328 Dorothy		Transaction ID: SA11AI.41282
City Bellaire	State TX	
Zip Code 77401		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer St Lukes Episcopal Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr.		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 2301 House Ave. Suite 108		Transaction ID: SA11AI.41121
City Cheyenne	State WY	
Zip Code 82001-3177		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Anapath Diagnostics, Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 30  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Joseph Harmon, Dr.  
Mailing Address 638 Rue De Muckle

City State Zip Code  
Mount Pleasant SC 29464-4364

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

Name of Employer: Coastal Pathology Laboratories  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 24 / 2011  
Transaction ID: SA11AI.41153  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dayle Lawrence Henry, Dr.  
Mailing Address PO Box 104745

City State Zip Code  
Jefferson City MO 65110-4745

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

Name of Employer: Boyce & Bynum Pathology Labs PC  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 04 / 2011  
Transaction ID: SA11AI.41139  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ann Victoria Herr, Dr.  
Mailing Address Department of Pathology  
2805 Fifth St

City State Zip Code  
Rapid City SD 57702

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

Name of Employer: Clinical Lab of the Black Hills  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 24 / 2011  
Transaction ID: SA11AI.41149  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
D Pamela Holder, Dr.

Mailing Address 8022 Clarion Way

City State Zip Code  
Houston TX 77040-2582

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

Name of Employer: Laboratory Corporation of America  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 05 / 24 / 2011  
Transaction ID: SA11AI.41202  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
C Stephanie Holt, Dr.

Mailing Address Lab  
1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104-6520

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

Name of Employer: St John Med Ctr  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt: 05 / 24 / 2011  
Transaction ID: SA11AI.41276  
Amount of Each Receipt this Period: 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Emmett William Jefferson, Dr.

Mailing Address 101 Elm Ave SE

City State Zip Code  
Roanoke VA 24013-2222

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

Name of Employer: Carilion Roanoke Mem Hosp  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 05 / 24 / 2011  
Transaction ID: SA11AI.41143  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1900.00**

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



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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) S. N. Levi Jones		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address Department of Pathology 1102 W. Mac Arthur		<b>Transaction ID:</b> SA11AI.41298		
	City Shawnee	State OK	Zip Code 74804	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Unity Health Center	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) W Scott Kelley, Dr.		Date of Receipt MM / DD / YYYY 05 / 09 / 2011		
	Mailing Address PO Box 2090		<b>Transaction ID:</b> SA11AI.41162		
	City Brookfield	State WI	Zip Code 53008-2090	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Dermpathdiagnostics	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) J Daniel Kerr, Dr.		Date of Receipt MM / DD / YYYY 05 / 24 / 2011		
	Mailing Address Department of Pathology 820 N. Chelan Avenue		<b>Transaction ID:</b> SA11AI.41324		
	City Wenatchee	State WA	Zip Code 98801	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Wenatchee Valley Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rodolfo Laucirica

Mailing Address Dept Of Pathology  
1 Baylor Plz

City State Zip Code  
Houston TX 77030-3498

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

Name of Employer Occupation  
Baylor College of Medicine Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.41125

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
J. Donald Leathers, Dr.

Mailing Address Dept of Path  
777 Rural Ave

City State Zip Code  
Williamsport PA 17701-3109

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

Name of Employer Occupation  
Susquehanna Health Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.41289

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
P Joseph Leverone, Dr.

Mailing Address Lab  
45 W 10th St

City State Zip Code  
Saint Paul MN 55102-1004

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

Name of Employer Occupation  
St Joseph's Hospital Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.41279

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
H Glenn Littell, Dr.

Mailing Address Dept of Path  
2975 Sycamore Dr

City State Zip Code  
Simi Valley CA 93065-1201

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

Name of Employer Occupation  
Simi Valley Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2011

**Transaction ID:** SA11AI.41266

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
A Ruth Macke, Dr.

Mailing Address Dept of Pathology  
St. Luke's Hospital

City State Zip Code  
Cedar Rapids IA 52402-5036

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

Name of Employer Occupation  
St Luke's Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2011

**Transaction ID:** SA11AI.41283

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
E John Maxwell, Dr.

Mailing Address 109 Circle Dr

City State Zip Code  
West Monroe LA 71291-5303

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

Name of Employer Occupation  
Bayou Pathology, APMC Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2011

**Transaction ID:** SA11AI.41130

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 30  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
V Dylan Miller, Dr.  
Mailing Address 5252 S Intermountain Dr  
City Murray State UT Zip Code 84157  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Intermountain Central Lab Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 04 / 2011  
Transaction ID: SA11AI.41199  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
T Ann Moriarty, Dr.  
Mailing Address 3643 Delaware Commons S Dr  
City Indianapolis State IN Zip Code 46220-3743  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AmeriPath Indiana Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 16 / 2011  
Transaction ID: SA11AI.41118  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
M Jeannie Muir, Maj.  
Mailing Address 303 Deer Meadow Ln  
City Rockville State MD Zip Code 20850-5823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Billings Clinic Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 24 / 2011  
Transaction ID: SA11AI.41135  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Kamala Murali		Date of Receipt MM / DD / YYYY 05 / 04 / 2011
Mailing Address Department of Pathology 14 Prospect St		<b>Transaction ID:</b> SA11AI.41217
City Milford	State MA	Zip Code 01757
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Milford-Whitinsville Reg Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 5287 Poola Street		<b>Transaction ID:</b> SA11AI.41161
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

**C.**

Full Name (Last, First, Middle Initial) F. Gary Neitzel, Dr.		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address ACL Laboratories 2900 W. Oklahoma Avenue		<b>Transaction ID:</b> SA11AI.41123
City Milwaukee	State WI	Zip Code 53215-4330
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer St. Luke's Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
A Drew Olsen, Dr.

Mailing Address Dept of Path  
718 Teaneck Rd

City Teaneck State NJ Zip Code 07666

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

Name of Employer Holy Name Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11AI.41193

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Cheng Yao Ong, Dr.

Mailing Address 5542 High St

City New Port Richey State FL Zip Code 34652-4026

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

Name of Employer Gulf Coast Pathologists Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11AI.41182

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
R. Jonathan Oppenheimer, Dr.

Mailing Address PO Box 58190

City Nashville State TN Zip Code 37205

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

Name of Employer Our Lab Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

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

Transaction ID: SA11AI.41245

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

F. Christine Piller, Dr.

Mailing Address 920 Church St N

City State Zip Code  
Concord NC 28025-2927

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

Name of Employer Occupation  
CMC - Northwest Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.41152

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Mick Raich

Mailing Address 111 Giles Ave Apt C

City State Zip Code  
Blissfield MI 49228-1290

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

Name of Employer Occupation  
Vachette Pathology unknown

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.41318

Amount of Each Receipt this Period  
210.00

**C.**

Full Name (Last, First, Middle Initial)

J Mary Reznicek, Dr.

Mailing Address Dept of Path  
8901 W Lincoln Ave

City State Zip Code  
West Allis WI 53227-2409

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

Name of Employer Occupation  
ACL Labs Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.41111

Amount of Each Receipt this Period  
200.00

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

660.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

C Michael Royer, Dr.

Mailing Address 306 12th St NE

City State Zip Code  
Washington DC 20002-6320

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

Name of Employer Occupation  
Walter Reed Army Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.41226

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

H Thomas Rynalski, Dr.

Mailing Address Dept of Path  
4351 Tamiami Trl N

City State Zip Code  
Naples FL 34103-3106

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

Name of Employer Occupation  
Naples Pathology Assoc Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.41224

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

M John Salmon, Dr.

Mailing Address 144 Beacon Hill Pl

City State Zip Code  
Lynchburg VA 24503-4128

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

Name of Employer Occupation  
Pathology Consultants of Central VA Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.41250

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) M Katherine Scott, Dr.		Date of Receipt
Mailing Address Dept of Path 5301 E Grant Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 5 / 2 0 1 1
City Tucson State AZ Zip Code 85712		Transaction ID: SA11AI.41292
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer Tucson Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

**B.**

Full Name (Last, First, Middle Initial) S Gregory Severson, Dr.		Date of Receipt
Mailing Address 1907 S 182nd Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 1
City Omaha State NE Zip Code 68130		Transaction ID: SA11AI.41112
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer Alegent Health Lakeside Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 600.00	

**C.**

Full Name (Last, First, Middle Initial) Y Scott Sittler, Dr.		Date of Receipt
Mailing Address 8150 Chancellor Dr Ste 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 1 1
City Orlando State FL Zip Code 32809-7665		Transaction ID: SA11AI.41117
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer AmeriPath	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
E Rosalyn Stahl, Dr.

Mailing Address Path Lab - LL1  
350 Engle St

City Englewood State NJ Zip Code 07631-1808

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

Name of Employer Englewood Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

Transaction ID: SA11AI.41170

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
George Robert Stallings, Dr.

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 ▼  
312.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

Transaction ID: SA11AI.41263

Amount of Each Receipt this Period  
312.00

**C.**

Full Name (Last, First, Middle Initial)  
D. Michael Stamatakos, Dr.

Mailing Address 11701 Milbern Drive

City Potomac State MD Zip Code 20854-3525

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

Name of Employer Malcolm Grow Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2011

Transaction ID: SA11AI.41179

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1062.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 30  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
S Venancio Teves, Dr.

Mailing Address 3135 Hyde Park Pl

City State Zip Code  
Pensacola FL 32503-5845

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

Name of Employer Occupation  
Illinois Valley Cmnty Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.41175

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
W Richard Trepeta, Dr.

Mailing Address Dept of Path  
350 W Thomas Rd

City State Zip Code  
Phoenix AZ 85013

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

Name of Employer Occupation  
St Josephs Hosp and Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11AI.41277

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City State Zip Code  
Midlothian VA 23113-2516

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

Name of Employer Occupation  
Commonwealth Lab Consultants Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 1 1

**Transaction ID:** SA11AI.41155

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ellen Emily Volk, Dr.  
Mailing Address 3445 Executive Ctr Dr

City State Zip Code  
Austin TX 78731

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

Name of Employer: Clinical Path Associates   Occupation: Pathologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 04 / 2011  
Transaction ID: SA11AI.41150  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ellen Emily Volk, Dr.  
Mailing Address 3445 Executive Ctr Dr

City State Zip Code  
Austin TX 78731

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

Name of Employer: Clinical Path Associates   Occupation: Pathologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 05 / 16 / 2011  
Transaction ID: SA11AI.41151  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew John Yelcick, Dr.  
Mailing Address 635 Willow GRN

City State Zip Code  
Lititz PA 17543-8369

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

Name of Employer: Lancaster General Hosp   Occupation: Pathologist

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 13 / 2011  
Transaction ID: SA11AI.41205  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

**TOTAL** This Period (last page this line number only) ..... ► 32512.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS		Date of Receipt
Mailing Address P.O. Box 37091		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 6 / 2 0 1 1
City	State	Zip Code
Charlotte	NC	28237
FEC ID number of contributing federal political committee.		Transaction ID: SA16.41352
<input type="text"/> C <input type="text"/> C00304667		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 2000.00
Occupation		Refund of Campaign Contribution
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 2000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Suntrust Moneris ACH Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.41345 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 15.00
<b>B.</b> Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Suntrust Account Analysis Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.41346 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 50.50

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

65.50

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

65.50