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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than A	n Authorized Com	mittee	Office U	se Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LA				
College of American Pat	thologists Political Action Cor	mmittee			
		1 1 1 1 1 1 1			
ADDRESS (number and stree	,				
Check if different	Suite 590				
than previously reported. (ACC)	Washington			DC 2	20005
2. FEC IDENTIFICATION	NUMBER ▼	CITY 🛕	S	STATE	ZIPCODE 🛕
C00274944		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Rep July 15	(c) 12-Day	Primary	(12P)	General (12G)	Runoff (12R)
Quarterly Rep October 15	ort(Q2) PRE -Elect Report for		ition (12C)	Special (12G)	
Quarterly Rep January 31 Quarterly Rep		Election on			in the
July 31 Mid-Ye	ear	Election on			State of
Report(Non-el Year Only) (M	ection (d) 30-Day		I (30G)	Runoff (30R)	Special (30S)
Termination R (TER)	eport	Election on			in the State of
5. Covering Period	05 01 20	1 1 thro	ugh 05	31 2011	
I certify that I have examined	this Report and to the best o	f my knowledge and belie	ef it is true, correct a	and complete.	
Type or Print Name of Treas	urer Dr. Renee R. Eller	broek			
Signature of Treasurer El	ectronically Filed by Dr. Re	enee R. Ellerbroek	Da	ate 0 6 1	5 2011
NOTE : Submission of false,	erroneous, or incomplete infe	ormation may subject the	person signing this	Report to the penalties	s of 2 U.S.C 437g.
Office Use				 	C FORM 3X ev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

D D " D 05 0 1 2011 0.5 3 1 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 388632.97 January 1 (b) Cash on Hand at 390593.22 Begining of Reporting Period 48195.00 226443.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 438788.22 615075.97 6(a) and 6(c) for Column B) 65.50 176353.25 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 438722.72 438722.72 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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) Page 3

Write or Type Committee Name

(d) Total Contributions (add Lines

College of American Pathologists Political Action Committee

м м 0 5 0 1 3 1 м м 0 5 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 32512.00 160772.00 (i) Itemized (use Schedule A) 13683.00 64321.00 (ii) Unitemized (iii) TOTAL (add 46195.00 225093.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)

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
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00

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

(a) Total Transfer (add 19(a) and 19(b))	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).		• • • • • • • • • • • • • • • • • • • •

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
	(00000001 = 110 10(0) 11011 = 110 10) 11111111111		

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Dispursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
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	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	175718.00	
Independent Expenditure (use Schedule E)	0.00	0.00	
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
. Loans Made	0.00	0.00	
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	
. Other Disbursements	0.00	282.00	
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	
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65.50	176353.25	
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	05.50	470050 05	
from Line 31)	65.50	176353.25	

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)	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

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action (Committee	
Full Name (Last, First, Middle Initial) L. Charles Abbott, Dr.			Date of Receipt
Mailing Address Dept of Path & Cli	n Labs		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Pittsfield</u>	State MA	Zip Code 01201-4124	Transaction ID: SA11AI.41132 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Berkshire Health Systems	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Randa Alsabeh			Date of Receipt
Mailing Address 8700 Beverly Blvd	Rm 4709		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.41145
Los Angeles FEC ID number of contributing federal political committee.	CA	90048-1804	Amount of Each Receipt this Period 300.00
Name of Employer Cedars-Sinai Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) M. Victor Alvarez, Dr.			Date of Receipt
Mailing Address 2045 S 14th Ave U	Jnit 17		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Yuma	State AZ	Zip Code 85364-6286	Transaction ID: SA11AI.41332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Yuma Reg Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		1800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/30 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Harold Amsbaugh, Dr. Mailing Address 901 Montgomery St			Date of Receipt M
City Decorah FEC ID number of contributing federal political committee.	State IA	Zip Code 52101-2325	Transaction ID: SA11AI.41328 Amount of Each Receipt this Period 250.00
Name of Employer Winneshiek County Mem Hosp Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologi Aggregate		
Full Name (Last, First, Middle Initial) Primilina Andres-Corpus Mailing Address Path Dept 1305 N Elm St City Henderson	State KY	Zip Code 42420-2783	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: Primary General Other (specify)	Occupation Pathologi Aggregate		400.00
Full Name (Last, First, Middle Initial) Charles Byron Arndt, Dr. Mailing Address 1111 Crater Lake			Date of Receipt 0 5 2 4 2 0 1 1
City Medford FEC ID number of contributing federal political committee.	State OR	Zip Code 97504	Transaction ID: SA11AI.41259 Amount of Each Receipt this Period 500.00
Name of Employer Providence Medford Med Ctr Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Pathologi Aggregate		
SUBTOTAL of Receipts This Page (optional)		1150.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personal statements and address of any political committee to political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Mark Arnesen, Dr. Mailing Address Lab 11136 800 E 28th St City	State Zip Code	Date of Receipt M M
Minneapolis FEC ID number of contributing federal political committee.	MN 55407-3731	Amount of Each Receipt this Period 500.00
Name of Employer Abbott Northwestern Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) M Janis Atkinson, Dr. Mailing Address Dept of Path 355 Ridge Ave City	State Zip Code	Date of Receipt M
Evanston FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period 1000.00
St. Francis Hosp Receipt For: Primary General Other (specify)	Pathologist Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Nadarajah Balasubramaniam Mailing Address Dept. of Pathology		Date of Receipt
1101 Nott St. City Schenectady	State Zip Code NY 12308	Transaction ID: SA11AI.41169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Ellis Hospital Receipt For:	Occupation Pathologist	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

SCHEDULE A (FEC Form 3X)

City State Zip Code WI 54601 FEC ID number of contributing rederal political committee. Name of Employer Gundersen Lutheran Med Ctr Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Hugo Jerry Broman, Dr. Malling Address 1005 Byers Ave City State Zip Code PA 17291-3817 Full Name (Last, First, Middle Initial) Hugo Jerry Broman, Dr. Malling Address 1005 Byers Ave City State Zip Code Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Hugo Jerry Broman, Dr. Aggregate Vear-to-Date ▼ Date of Receipt Transaction ID: SA11Al.41148 Amount of Each Receipt this Period FEC ID number of contributing rederal political committee. C. Full Name (Last, First, Middle Initial) Anderson Noel Brownlee, Dr. Malling Address 109 Riverlook Ln City State Zip Code Pathologist Fec ID number of contributing rederal political committee. C. Full Name (Last, First, Middle Initial) Anderson Noel Brownlee, Dr. Malling Address 109 Riverlook Ln City State Zip Code Pathologist FEC ID number of contributing rederal political committee. C. C. Full Name (Last, First, Middle Initial) Anderson Noel Brownlee, Dr. Malling Address 109 Riverlook Ln City State Zip Code Primary General C 250.00 Date of Receipt Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period Transaction ID: SA11Al.41274 Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. C. Laurence Barg, Dr. Mailing Address Department of Pathology 1900 South Ave City State Zip Code La Crosse WI 54801 Name of Employer Curdessen Lutheran Med Ctr Pathologist Receipt For: Primary General Other (specify) State Zip Code PAthologist Receipt 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. City State Zip Code Chambersburg PA 17201-3817 FEC ID number of contributing federal political committee. Coccupation Pathologist Receipt For: Patho	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code WI 54601 FEC ID number of contributing federal political committee. Name of Employer Gundersen Lutheran Med Ctr Primary General Other (specify) ▼	A. C. Laurence Berg, Dr. Mailing Address Department of Path	nology	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Chambersburg Hospital Primary		State Zip Code	Transaction ID: SA11Al.41183
Same of Employer General C C C C C C C C C	La Crosse	WI 54601	Amount of Each Receipt this Period
Receipt For: Primary		C	250.00
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Hugo Jerry Broman, Dr. Mailing Address 1005 Byers Ave City State Zip Code PA 17201-3817 FEC ID number of contributing federal political committee. Name of Employer Chambersburg Hospital Pathologist Receipt For: Primary General Other (specify) ▼ 730.00 Pathologist Full Name (Last, First, Middle Initial) Anderson Noel Browniee, Dr. Mailing Address 109 Riverlook Ln City State Zip Code Transaction ID: SA11AI.41148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41148 Amount of Each Receipt this Period Transaction ID: SA11AI.41148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.4124 Amount of Each Receipt this Period Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Cuty State Zip Code SC 29673-6587 FEC ID number of contributing federal political committee. Name of Employer Stransis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Name of Employer Gundersen Lutheran Med Ctr	•	
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. Name of Employer Chambersburg Primary General Other (specify) ▼ City State Zip Code PA 17201-3817 Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Anderson Noel Brownlee, Dr. Mailing Address 109 Riverlook Ln City State Zip Code FEC ID number of contributing federal political committee. Name of Employer FEC ID number of contributing federal political committee. Name of Employer SC 29673-6587 FEC ID number of contributing federal political committee. Name of Employer ST Francis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pathologist Aggregate Year-to-Date ▼ 250.00	Primary General		
City Chambersburg PA 17201-3817 FEC ID number of contributing federal political committee. Name of Employer Chambersburg Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anderson Noel Brownlee, Dr. Mailing Address 109 Riverlook Ln City Pledmont FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.41148 Amount of Each Receipt this Period 730.00 Date of Receipt Transaction ID: SA11AI.41274 Date of Receipt Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Transaction ID: SA11AI.41274 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer St Francis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Hugo Jerry Broman, Dr.		╡
Chambersburg PA 17201-3817 FEC ID number of contributing federal political committee. Name of Employer Chambersburg Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anderson Noel Brownlee, Dr. Mailing Address 109 Riverlook Ln City State Zip Code SC 29673-6587 FEC ID number of contributing federal political committee. Name of Employer St Francis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ Occupation Pathologist Amount of Each Receipt this Period Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41274 Amount of Each Receipt this Period Transaction ID: SA11AI.41274 Amount of Each Receipt this Period C 250.00			
FEC ID number of contributing federal political committee. Name of Employer Chambersburg Hospital	•	•	
Chambersburg Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anderson Noel Brownlee, Dr. Mailing Address 109 Riverlook Ln City State Zip Code Piedmont FEC ID number of contributing federal political committee. Name of Employer St Francis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.41274 Amount of Each Receipt this Period C 250.00	FEC ID number of contributing		Amount of Each Receipt this Period 365.00
Primary General Other (specify) ▼	Name of Employer Chambersburg Hospital	· ·	
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. Name of Employer St Francis Hosp Inc Lab Receipt For: Primary General Other (specify) Anderson Noel Brownlee, Dr. Date of Receipt Transaction ID: SA11AI.41274 Amount of Each Receipt this Period 250.00	Primary General		
City State Zip Code Transaction ID: SA11AI.41274 Piedmont SC 29673-6587 FEC ID number of contributing federal political committee. Name of Employer St Francis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ Occupation Pathologist Aggregate Year-to-Date ▼ 250.00			Date of Receipt
City State Zip Code Transaction ID: SA11AI.41274 Piedmont SC 29673-6587 FEC ID number of contributing federal political committee. Name of Employer St Francis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11AI.41274 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼ 250.00	Mailing Address 109 Riverlook Ln		
Piedmont SC 29673-6587 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Name of Employer St Francis Hosp Inc Lab Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00	City	State Zip Code	
federal political committee. Name of Employer St Francis Hosp Inc Lab Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00	Piedmont	SC 29673-6587	Amount of Each Receipt this Period
St Francis Hosp Inc Lab Pathologist Receipt For: Primary General Other (specify) 250.00		C	250.00
Primary General Other (specify) ▼ 250.00	<u></u>	·	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional	al)	865.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G John Buck, Dr. Mailing Address 5850 Rogerdale Rd City Houston FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Inc. Receipt For:	State Zip Code TX 77072-1602 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M O D D O O O O O O O O O O O O O O O
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Delvalle Rebeca Candal, Dr. Mailing Address 100 Medical Center	250.00	Date of Receipt
City Slidell FEC ID number of contributing federal political committee. Name of Employer Northshore Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code LA 70461-5520 C Occupation Pathologist Aggregate Year-to-Date 250.00	Transaction ID: SA11AI.41236 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) W. Edward Catalano, Dr. Mailing Address 408 Alta Vista Rd City Columbia FEC ID number of contributing federal political committee.	State Zip Code SC 29203-9507	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Kershaw Health Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr. Mailing Address Department of Path 206 E. Brown Stree			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City East Stroudsburg	State PA	Zip Code 18301	Transaction ID: SA11AI.41251 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		100.00
Name of Employer Pocono Med Ctr Receipt For: Primary General Other (specify) ▼	Pathologi]
Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr. Mailing Address 5620 East El Parqu	ue Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.41146
Long Beach	CA	90815-4129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Centinela Hosp Med Ctr Receipt For:	Occupation Pathologi	st	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Frederick John Dauterman, Dr. Mailing Address Dept of Path	•		Date of Receipt
2700 Stewart Pkwy			05 09 2011
City Roseburg	State OR	Zip Code 97470-1281	Transaction ID: SA11AI.41212 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Mercy Med Ctr	Occupation Pathologi	st	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	50		550.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(Crieck only one)
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any nusing the name and address of any political commities Political Action Committee	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial H. Phillip Deos, Dr. Mailing Address 2625 Coffee F City Modesto FEC ID number of contributing federal political committee. Name of Employer Yosemite Pathology Med Grp Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 5 2 4 2 0 1 1 Transaction ID: SA11AI.41331 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initia Elizabeth Joan Etzell, Dr. Mailing Address Clin Lab M52 505 Parnassu City San Francisco FEC ID number of contributing federal political committee.	4 Box 0100	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Univ of California San Francisco Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 400.0	10
Full Name (Last, First, Middle Initial Sandra Ewaskow Mailing Address 1280 116th A	ve NE Ste 100	Date of Receipt Date of Receipt D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bellevue FEC ID number of contributing	State Zip Code WA 98004-3803	Transaction ID: SA11AI.41166 Amount of Each Receipt this Period 2000.00
federal political committee. Name of Employer Eastside Pathology Inc, PS	Occupation Pathologist	200.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.0	10
SUBTOTAL of Receipts This Page (optional)	2800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	
Full Name (Last, First, Middle Initial) Ellen Stephany Fiore, Dr. Mailing Address 4800 Broadway St		Date of Receipt 0 5 0 9 2 0 1 1
City Sacramento FEC ID number of contributing federal political committee.	State Zip Code CA 95820-1541 C	Transaction ID: SA11AI.41158 Amount of Each Receipt this Period 250.00
Name of Employer County of Sacramento Coro- ner's Office Receipt For: Primary Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Guery Flores Mailing Address 75 Colonia De Sale	ud Ste 200D	Date of Receipt 0 5 2 4 2 0 1 1
City <u>Sierra Vista</u>	State Zip Code AZ 85635	Transaction ID: SA11AI.41297 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer United Pathology LTD Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr. Mailing Address Apt 8 D 215 E 95th St		Date of Receipt M
City New York	State Zip Code NY 10128	Transaction ID: SA11AI.41221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mt Sinai Schl of Med	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option		1250.00

Greenville Second FEC ID number of contributing federal political committee. C	NUMBER: PAGE 14/30 one) 11b 11c 12 14 15 16 17
A. Full Name (Last, First, Middle Initial) Mailing Address	se of soliciting contributions tions from such committee.
Mailing Address East Carolina Univ 600 Moye Blvd City State Zip Code NC 27834 FEC ID number of contributing federal political committee. Name of Employer Brody School of Medicine Receipt For: Primary General Other (specify) ▼ State Zip Code Amount of School of Medicine Pathologist FEC ID number of contributing federal political committee. Name of Employer State Size Size Size Size Size Size Size Siz	
City State Zip Code NC 27834 Amount of Employer Brody School of Medicine Receipt For: Pathologist Pederal political committee.	•
Greenville FEC ID number of contributing federal political committee. Name of Employer Brody School of Medicine Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) L Daniel Grimmer, Dr. Mailing Address 4328 Dorothy City State Zip Code TX 77401 FEC ID number of contributing federal political committee. Name of Employer St Lukes Episcopal Hosp Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City State Zip Code Ty 77401 City State Zip Code Ty 77401 Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City State Zip Code Ty 8 State Zip Code Ty 8 State Ty T	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
FEC ID number of contributing federal political committee. Name of Employer Brody School of Medicine Receipt For: Primary	ion ID: SA11AI.41140
Name of Employer Brody School of Medicine Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) L Daniel Grimmer, Dr. Mailing Address 4328 Dorothy City State Zip Code TX 77401 FEC ID number of contributing federal political committee. Name of Employer St Lukes Episcopal Hosp Primary General Other (specify) ▼ City State Zip Code TX 77401 Amount of C C Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City State Zip Code WY 82001-3177 FEC ID number of contributing federal political committee. C Name of Employer State State Zip Code Transacti Amount of C Date of F M	of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼ Soo.00	
L. Daniel Grimmer, Dr. Mailing Address 4328 Dorothy City Bellaire TX T7401 FEC ID number of contributing federal political committee. Name of Employer St Lukes Episcopal Hosp Perimary Other (specify) ▼ C. Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City Cheyenne FEC ID number of contributing federal political committee. C. Name of Employer Amount of Employer Anapath Diagnostics, Inc Perimary General Occupation Pathologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Pathologist Receipt For: Primary General	
City Bellaire TX 77401 FEC ID number of contributing federal political committee. Name of Employer St Lukes Episcopal Hosp Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Amount of	•
Bellaire TX 77401 Amount of FEC ID number of contributing federal political committee. Name of Employer St Lukes Episcopal Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City Cheyenne WY 82001-3177 FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Primary General Occupation Pathologist Amount of C Amount of C Amount of C Amount of Employer Anapath Diagnostics, Inc Pathologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	27 2011
FEC ID number of contributing federal political committee. Name of Employer St Lukes Episcopal Hosp Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City Cheyenne WY 82001-3177 FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Receipt For: Primary General C C Receipt For: Primary General Acgregate Year-to-Date ▼ Occupation Pathologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ion ID: SA11Al.41282
Receipt For: Primary	of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Primary General Pathologist Aggregate Year-to-Date ▼ Date of Finance in the pathologist Aggregate Year-to-Date ▼ Occupation Pathologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City State Zip Code Cheyenne WY 82001-3177 FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Receipt For: Primary General Primary General	
C. Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City State Zip Code Cheyenne WY 82001-3177 FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Receipt For: Primary General Date of F	
J. Phillip Haberman, Dr. Mailing Address 2301 House Ave. Suite 108 City State Zip Code Cheyenne WY 82001-3177 FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Pathologist Receipt For: Primary General Date of F	
Suite 108 City Cheyenne WY 82001-3177 FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Pathologist Receipt For: Primary General O 5 Transacti Amount of C Aggregate Year-to-Date FOO 00	Receipt
Cheyenne WY 82001-3177 Amount of FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Receipt For: Primary General Amount of C Aggregate Year-to-Date ▼	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Anapath Diagnostics, Inc Receipt For: Primary General C Occupation Pathologist Aggregate Year-to-Date	ion ID: SA11Al.41121
Anapath Diagnostics, Inc Pathologist Receipt For: Primary General Pathologist Aggregate Year-to-Date ▼	of Each Receipt this Period 500.00
Primary General 500.00	
Other (specify)	
SUBTOTAL of Receipts This Page (optional)	1250.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Joseph Harmon, Dr. Mailing Address 638 Rue De Muckle)	Date of Receipt
City Mount Pleasant	State Zip Code SC 29464-4364	Transaction ID: SA11AI.41153 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Coastal Pathology Laborat- ories Receipt For:	Occupation Pathologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dayle Lawrence Henry, Dr. Mailing Address PO Box 104745		Date of Receipt
City Jefferson City FEC ID number of contributing	State Zip Code MO 65110-4745	Transaction ID: SA11AI.41139 Amount of Each Receipt this Period
federal political committee. Name of Employer Boyce & Bynum Pathology	Occupation	250.00
Labs PC Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ann Victoria Herr, Dr.		Date of Receipt
Mailing Address Department of Path 2805 Fifth St	<u> </u>	05 24 2011
City Rapid City	State Zip Code SD 57702	Transaction ID: SA11AI.41149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clinical Lab of the Black Hills	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	ı) >	1350.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
College of American Pathologists Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) D Pamela Holder, Dr.		Date of Receipt
Mailing Address 8022 Clarion Way		05 24 2011
City	State Zip Code	Transaction ID: SA11AI.41202
<u>Houston</u>	TX 77040-2582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Laboratory Corporation of	Occupation	
America Receipt For:	Pathologist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C Stephanie Holt, Dr.		Date of Receipt
Mailing Address Lab 1923 S Utica Ave		05 24 2011
City	State Zip Code	Transaction ID: SA11AI.41276
Tulsa	OK 74104-6520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer St John Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Emmett William Jefferson, Dr.		Date of Receipt
Mailing Address 101 Elm Ave SE		05 24 YYYY 2011
City	State Zip Code	Transaction ID: SA11AI.41143
Roanoke	VA 24013-2222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Carilion Roanoke Mem Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. N. Levi Jones Mailing Address Department of Path 1102 W. Mac Arthu City Shawnee FEC ID number of contributing federal political committee. Name of Employer Unity Health Center Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) W Scott Kelley, Dr. Mailing Address PO Box 2090 City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brookfield FEC ID number of contributing federal political committee. Name of Employer Dermpathdiagnostics Receipt For: Primary General Other (specify)	WI 53008-2090 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) J Daniel Kerr, Dr. Mailing Address Department of Path 820 N. Chelan Aver City Wenatchee FEC ID number of contributing federal political committee.		Date of Receipt M M M
Name of Employer Wenatchee Valley Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	I)	1250.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may	y not be sold or used by any perso dress of any political committee to	
College of American Pathologists Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Rodolfo Laucirica			Date of Receipt
Mailing Address Dept Of Pathology 1 Baylor Plz			05 13 2011
City	State	Zip Code	Transaction ID: SA11AI.41125
Houston	TX	77030-3498	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Baylor College of Medicine	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) J. Donald Leathers, Dr.			Date of Receipt
Mailing Address Dept of Path 777 Rural Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.41289
Williamsport	PA	17701-3109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Susquehanna Health	Occupatio Patholog		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P Joseph Leverone, Dr.			Date of Receipt
Mailing Address Lab 45 W 10th St			05 13 7 9 9 1
City	State	Zip Code	Transaction ID: SA11AI.41279
Saint Paul	MN	55102-1004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St Joseph's Hospital	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 19 / 30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and address o	of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) H Glenn Littell, Dr. Mailing Address Dept of Path 2975 Sycamore Dr City Simi Valley FEC ID number of contributing federal political committee. Name of Employer Simi Valley Hosp Receipt For: Primary General Other (specify)		ip Code 3065-1201 do-Date ▼ 250.00	Date of Receipt M M 24 2011 Transaction ID: SA11AI.41266 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) A Ruth Macke, Dr. Mailing Address Dept of Pathology St. Luke's Hospital City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer St Luke's Hosp Receipt For: Primary General Other (specify)		ip Code 2402-5036 to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) E John Maxwell, Dr. Mailing Address 109 Circle Dr City West Monroe FEC ID number of contributing federal political committee. Name of Employer Bayou Pathology, APMC Receipt For: Primary General Other (specify)		ip Code 1291-5303 ro-Date ▼ 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe			1500.00

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) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) V Dylan Miller, Dr.		Date of Receipt
Mailing Address 5252 S Intermounta		05 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.41199
Murray	UT 84157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Intermountain Central Lab	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) T Ann Moriarty, Dr.		Date of Receipt
Mailing Address 3643 Delaware Com	nmons S Dr	05 16 2011
City	State Zip Code	Transaction ID: SA11AI.41118
<u>Indianapolis</u>	IN 46220-3743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AmeriPath Indiana	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) M Jeannie Muir, Maj.		Date of Receipt
Mailing Address 303 Deer Meadow L	n	05 24 2011
City	State Zip Code	Transaction ID: SA11AI.41135
Rockville	MD 20850-5823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Billings Clinic	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		850.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kamala Murali Mailing Address Department of Pathor 14 Prospect St	blogy		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milford FEC ID number of contributing federal political committee.	State MA	Zip Code 01757	Transaction ID: SA11AI.41217 Amount of Each Receipt this Period 500.00
Name of Employer Milford-Whitinsville Reg Hosp Receipt For: Primary Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) Joseph James Navin, Dr. Mailing Address 5287 Poola Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Honolulu FEC ID number of contributing federal political committee.	State HI	Zip Code 96821	Transaction ID: SA11AI.41161 Amount of Each Receipt this Period 500.00
Name of Employer Straub Clinic & Hosp Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) F. Gary Neitzel, Dr. Mailing Address ACL Laboratories			Date of Receipt
2900 W. Oklahoma A City Milwaukee FEC ID number of contributing federal political committee.	State WI	Zip Code 53215-4330	Transaction ID: SA11AI.41123 Amount of Each Receipt this Period 1000.00
Name of Employer St. Luke's Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional)			2000.00

I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and add	lress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) A Drew Olsen, Dr.			Date of Receipt
	Mailing Address Dept of Path 718 Teaneck Rd			05 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.41193
	Teaneck	NJ	07666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Holy Name Hosp	Occupation Pathologi		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
— В.	Full Name (Last, First, Middle Initial) Cheng Yao Ong, Dr.	1		Date of Receipt
	Mailing Address 5542 High St			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.41182
	New Port Richey	<u>FL</u>	34652-4026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Gulf Coast Pathologists	Occupation Pathologi		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) R. Jonathan Oppenheimer, Dr.			Date of Receipt
	Mailing Address PO Box 58190			05 24 YYYY 2011
	City	State	Zip Code	Transaction ID: SA11AI.41245
	Nashville	TN	37205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3000.00
	Name of Employer Our Lab	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00	
	SUBTOTAL of Receipts This Page (optional)			3550.00
H				

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant be name and address of any political committee to	
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) F. Christine Piller, Dr.		Date of Receipt
Mailing Address 920 Church St N	Ctata 7in Code	05 06 2011
City Concord	State Zip Code NC 28025-2927	Transaction ID: SA11AI.41152 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CMC - Northest Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mick Raich		Date of Receipt
Mailing Address 111 Giles Ave Apt C	;	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.41318
Blissfield FEC ID number of contributing federal political committee.	MI 49228-1290	Amount of Each Receipt this Period 210.00
Name of Employer Vachette Pathology	Occupation unknown	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) J Mary Reznicek, Dr.		Date of Receipt
Mailing Address Dept of Path 8901 W Lincoln Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>West Allis</u>	State Zip Code WI 53227-2409	Transaction ID: SA11AI.41111 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer ACL Labs	Occupation Pathologist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	660.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) C Michael Royer, Dr.			Date of Receipt
Mailing Address 306 12th St NE			05 04 YYYYY 05 04 2011
City Washington	State DC	Zip Code 20002-6320	Transaction ID: SA11AI.41226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20002 0020	250.00
Name of Employer Walter Reed Army Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) H Thomas Rynalski, Dr. Mailing Address Dept of Path			Date of Receipt
4351 Tamiami Trl N			05 14 2011
City Naples	State FL	Zip Code 34103-3106	Transaction ID: SA11AI.41224
FEC ID number of contributing federal political committee.	C	34103-5100	Amount of Each Receipt this Period 1000.00
Name of Employer Naples Pathology Assoc	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) M John Salmon, Dr.	I		Date of Receipt
Mailing Address 144 Beacon Hill Pl			05 24 YYYY 2011
City	State	Zip Code	Transaction ID: SA11AI.41250
Lynchburg FEC ID number of contributing federal political committee.	C	24503-4128	Amount of Each Receipt this Period 500.00
Name of Employer Pathology Consultants of Central VA	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)		1750.00

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) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pole	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M Katherine Scott, Dr. Mailing Address Dept of Path 5301 E Grant Rd City Tucson FEC ID number of contributing federal political committee. Name of Employer Tucson Med Ctr Receipt For:	State Zip Code AZ 85712 C Occupation Pathologist	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) S Gregory Severson, Dr.	Aggregate Year-to-Date ▼ 450.00	Date of Receipt
Mailing Address 1907 S 182nd Circle City Omaha FEC ID number of contributing federal political committee. Name of Employer Alegent Health Lakeside Hosp Receipt For: Primary General Other (specify)	State Zip Code NE 68130 C Occupation Pathologist Aggregate Year-to-Date 600.00	Transaction ID: SA11AI.41112 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Y Scott Sittler, Dr. Mailing Address 8150 Chancellor Dr S City Orlando FEC ID number of contributing federal political committee. Name of Employer AmeriPath	State Zip Code FL 32809-7665 C Occupation Pathologist	Date of Receipt M M M / D D / Y Y Y Y Y O 5 0 4 2 0 1 1 Transaction ID: SA11AI.41117 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	600.00

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) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	d Statements may not be sold or used by any personante name and address of any political committee to colitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E Rosalyn Stahl, Dr. Mailing Address Path Lab - LL1 350 Engle St City Englewood FEC ID number of contributing federal political committee. Name of Employer Englewood Hosp Receipt For: Primary General Other (specify)	State Zip Code NJ 07631-1808 C Occupation Pathologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.41170 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) George Robert Stallings, Dr. Mailing Address 162 Dogwood Ln City Rutherfordton FEC ID number of contributing federal political committee. Name of Employer Rutherford Hosp Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28139-3222 C Occupation Pathologist Aggregate Year-to-Date 312.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) D. Michael Stamatakos, Dr. Mailing Address 11701 Milbern Drive City Potomac FEC ID number of contributing federal political committee. Name of Employer Malcolm Grow Med Ctr Receipt For: Primary General Other (specify)	State Zip Code MD 20854-3525 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / 2011 Transaction ID: SA11AI.41179 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional))	1062.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) S Venancio Teves, Dr. Mailing Address 2125 Livida Bartol	21	Date of Receipt
Mailing Address 3135 Hyde Park F		05 24 2011
City Pensacola	State Zip Code FL 32503-5845	Transaction ID: SA11AI.41175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Illinois Valley Cmnty Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W Richard Trepeta, Dr.	.	Date of Receipt
Mailing Address Dept of Path 350 W Thomas R	d	05 12 2011
City Phoenix	State Zip Code AZ 85013	Transaction ID: SA11AI.41277
FEC ID number of contributing federal political committee.	AZ 85013	Amount of Each Receipt this Period 1000.00
Name of Employer St Josephs Hosp and Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.		Date of Receipt
Mailing Address 2201 Carbon Hill	Dr	05 16 2011
City Midlethier	State Zip Code	Transaction ID: SA11AI.41155
Midlothian FEC ID number of contributing federal political committee.	VA 23113-2516	Amount of Each Receipt this Period 125.00
Name of Employer Commonwealth Lab Consulta- nts	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (option	nal)	1375.00
	imber only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 30 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any personance name and address of any political committee to	13 14 15 16 5 16 5 16 5 16 5 16 5 16 5 16
NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.		Date of Receipt
Mailing Address 3445 Executive Ctr D City	r State Zip Code	05 04 2011
Austin	TX 78731	Transaction ID: SA11AI.41150 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Clinical Path Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.		Date of Receipt
Mailing Address 3445 Executive Ctr D	r	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.41151
Austin	TX 78731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer Clinical Path Associates	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Matthew John Yelcick, Dr.		Date of Receipt
Mailing Address 635 Willow GRN		05 13 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.41205
Lititz	PA 17543-8369	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lancaster General Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		950.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 30 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)		
/	College of American Pathologists Political Action	Committee	
	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS		Date of Receipt
	Mailing Address P.O. Box 37091		05 06 7 9 9 1
	City State	Zip Code	Transaction ID: SA16.41352
	<u>Charlotte</u> NC	28237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	00304667	2000.00
	Name of Employer Occupati	on	Refund of Campaign Contribution
	Receipt For: 2010 Aggrega Primary X General Other (specify) ▼	te Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	2000.00

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 30/30 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 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) Transaction ID: SB21B.41345 Sun Trust Bank Date of Disbursement 03 0 5 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 15.00 Purpose of Disbursement Suntrust Moneris ACH Charge Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.41346 Sun Trust Bank Date of Disbursement 19 0 5 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 50.50 Purpose of Disbursement Suntrust Account Analysis Fee Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	65.50
TOTAL This Period (last page this line number only)	•	65.50

Primary

Other (specify)

State: