

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		478752.69
(b) Cash on Hand at Beginning of Reporting Period.....	451691.89	
(c) Total Receipts (from Line 19)	70335.00	157241.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	522026.89	635993.69
7. Total Disbursements (from Line 31).....	10112.40	124079.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	511914.49	511914.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 03 / 01 / 2012 To: 03 / 31 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48945.00	105395.00
(ii) Unitemized	21390.00	51846.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	70335.00	157241.00
(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)	70335.00	157241.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	70335.00	157241.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70335.00	157241.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	112.40	297.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	112.40	297.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	137500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	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	-13718.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10112.40	124079.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10112.40	124079.20

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)	70335.00	157241.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70335.00	157241.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	112.40	297.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	112.40	297.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Dr. Chandnish K Ahluwalia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Verdugo Blvd
 City Glendale State CA Zip Code 91208-1409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Verdugo Hills Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 06 / 2012**
Transaction ID : SA11AI.45617
 Amount of Each Receipt this Period **250.00**

B. Paul Bachner
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology & Lab Medicine
 800 Rose Street
 City Lexington State KY Zip Code 40536-0298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Kentucky Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 16 / 2012**
Transaction ID : SA11AI.45632
 Amount of Each Receipt this Period **500.00**

C. Dr. Lyle W Barksdale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 500 W Leota St Ste 200
 City North Platte State NE Zip Code 69103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Services, PC Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 28 / 2012**
Transaction ID : SA11AI.45636
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 7 OF 43
(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. Dr. Brent D Benjamin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 400 S 43rd St
 City Renton State WA Zip Code 98055-5714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Med Ctr 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 Y
 03 / 16 / 2012
Transaction ID : SA11AI.45646
 Amount of Each Receipt this Period
250.00

B. Dr. Richard J Boatsman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1307
 City Cache State OK Zip Code 73527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comanche County Mem Hosp Occupation 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 Y
 03 / 14 / 2012
Transaction ID : SA11AI.45655
 Amount of Each Receipt this Period
1000.00

c. Dr. Evander A. Boynton III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 Lexington St
 City Lakeland State FL Zip Code 33801-5515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeland Regional Med Ctr 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 Y
 03 / 16 / 2012
Transaction ID : SA11AI.45663
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **1550.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 8 OF 43
(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. Dr. David Scott Brink MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Med Ctr Path RM G325
 1465 S Grand Blvd
 City Saint Louis State MO Zip Code 63104-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SSM Cardinal Glennon Children's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45666
 Amount of Each Receipt this Period
200.00

B. Dr. Jeff W Byrd MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 915 Gordon At Mimosa Dr
 City Thomasville State GA Zip Code 31792-6699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John D Archbold Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45675
 Amount of Each Receipt this Period
250.00

C. Dr. Jeffrey D Cao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path AH 301
 11021 Campus St
 City Loma Linda State CA Zip Code 92350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda Univ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : SA11AI.45683
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **950.00**
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 9 OF 43
	<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

Full Name (Last, First, Middle Initial) A. Dr. Desiree A Carlson MD		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 Transaction ID : SA11AI.45691
Mailing Address Chief of Pathology 680 Centre St		Amount of Each Receipt this Period 2500.00
City Brockton	State Zip Code MA 02302-3308	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Signature Healthcare Brockton Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James B Carry MD		Date of Receipt MM / DD / YYYY 03 / 12 / 2012 Transaction ID : SA11AI.45695
Mailing Address Dept of Path 5555 Grossmont Center Dr		Amount of Each Receipt this Period 250.00
City La Mesa	State Zip Code CA 91942-3019	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Grossmont Hosp-Sharp Healthcare	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William J Colburn MD		Date of Receipt MM / DD / YYYY 03 / 12 / 2012 Transaction ID : SA11AI.45704
Mailing Address 21114 Vanowen St		Amount of Each Receipt this Period 250.00
City Canoga Park	State Zip Code CA 91303-2821	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Interscope Pathology Med Grp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 43
(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. Dr. Bradford Scott Collins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 955 Ribaut Rd
 City State Zip Code
 Beaufort SC 29902-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaufort Mem Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : SA11AI.45707
 Amount of Each Receipt this Period
 1000.00

B. Dr. Thomas J Cooper Jr., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 E El Parque St
 City State Zip Code
 Long Beach CA 90815-4129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 unaffiliated Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2012
Transaction ID : SA11AI.45710
 Amount of Each Receipt this Period
 100.00

c. Dr. Gretchen S Cray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 Mail Code-PL
 City State Zip Code
 Minneapolis MN 55415-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hennepin Cnty Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : SA11AI.45714
 Amount of Each Receipt this Period
 250.00

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 11 OF 43
(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. Dr. Jeffrey L Curtis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1601 Ygnacio Valley Rd
 City Walnut Creek State CA Zip Code 94598-3122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Muir Med Ctr-Walnut Creek 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 Y
 03 / 16 / 2012
Transaction ID : SA11AI.45724
 Amount of Each Receipt this Period
250.00

B. Dr. Abby W Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 S George St
 City York State PA Zip Code 17403-3676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45730
 Amount of Each Receipt this Period
250.00

c. Dr. Larry Joe Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 764 71st Ter S
 City St Petersburg State FL Zip Code 33705-6235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bayfront Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012
Transaction ID : SA11AI.45732
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<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

A. Dr. Fernando Ramon De Castro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Fountain Ct
 City Lexington State KY Zip Code 40509-1888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatopathology Reference Lab Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : SA11AI.45734
 Amount of Each Receipt this Period **500.00**

B. Dr. Craig A Dise MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 100 Madison Ave
 City Morristown State NJ Zip Code 07962-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morristown Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2012**
Transaction ID : SA11AI.45739
 Amount of Each Receipt this Period **1000.00**

C. Dr. Janet R Durham , MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Great Lakes Pathologists, SC 8901 W Lincoln Ave
 City West Allis State WI Zip Code 53227-2409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACL Labs Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2012**
Transaction ID : SA11AI.45746
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<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

A. E. Randy Eckert
Full Name (Last, First, Middle Initial)

Mailing Address 13322 Shore Vista Dr

City Austin State TX Zip Code 78732-1617

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

Name of Employer North Austin Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2012
Transaction ID : SA11AI.45751

Amount of Each Receipt this Period 1000.00

B. Dr. James W Elliott MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
8118 Good Luck Rd

City Lanham State MD Zip Code 20706-3574

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

Name of Employer Doctors Cmnty Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2012
Transaction ID : SA11AI.45763

Amount of Each Receipt this Period 250.00

C. Dr. Theresa S Emory MD
Full Name (Last, First, Middle Initial)

Mailing Address 1918 W State St

City Bristol State TN Zip Code 37620-1940

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

Name of Employer Highlands Pathology Consultants, PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 06 / 2012
Transaction ID : SA11AI.45767

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 14 OF 43
	<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

A. Dr. Grant Evan Eudy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3125 Independence Dr Ste 301
 City Homewood State AL Zip Code 35209-4165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skin Diagnostics Group Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : SA11AI.45771
 Amount of Each Receipt this Period
 500.00

B. Dr. Mary Desiree Fiel-Gan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 80 Seymour St
 City Hartford State CT Zip Code 06102-5037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2012
Transaction ID : SA11AI.45773
 Amount of Each Receipt this Period
 535.00

C. Dr. Edward P Fody MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab 602 Michigan Ave
 City Holland State MI Zip Code 49423-4918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holland Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : SA11AI.45775
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2035.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<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

A. C. Elliott Foucar
Full Name (Last, First, Middle Initial)

Mailing Address 14029 Wind Mountain Road NE

City Albuquerque State NM Zip Code 87112-6564

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45776

Amount of Each Receipt this Period
 250.00

B. S. Robert Freedman
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology
815 Pollard Rd

City Los Gatos State CA Zip Code 95032

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

Name of Employer Los Gatos Community Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2012
Transaction ID : SA11AI.45777

Amount of Each Receipt this Period
 250.00

C. Dr. Alan F Frigy MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
1800 E Lake Shore Dr

City Decatur State IL Zip Code 62521-3810

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

Name of Employer St Mary's Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45779

Amount of Each Receipt this Period
 1000.00

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 16 OF 43
(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. Dr. Keith Harry Fulling MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
615 S New Ballas Rd

City Saint Louis State MO Zip Code 63141-8221

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

Name of Employer St John's Mercy Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 16 / 2012
Transaction ID : SA11AI.45784

Amount of Each Receipt this Period
250.00

B. Dr. Joseph Dean Gifford MD
Full Name (Last, First, Middle Initial)

Mailing Address 10 Golf Course Dr

City Wabash State IN Zip Code 46992-7605

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 12 / 2012
Transaction ID : SA11AI.45790

Amount of Each Receipt this Period
250.00

c. Dr. Joseph Dean Gifford MD
Full Name (Last, First, Middle Initial)

Mailing Address 10 Golf Course Dr

City Wabash State IN Zip Code 46992-7605

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
03 / 16 / 2012
Transaction ID : SA11AI.45789

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 43
(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. Dr. Richard D Griswold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Woodside Cir
 City State Zip Code
 Tupelo MS 38801-7927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Mississippi Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2012
Transaction ID : SA11AI.45798
 Amount of Each Receipt this Period
 250.00

B. J Cameron Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 7550 Wolf River Blvd # 200
 City State Zip Code
 Germantown TN 38138-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Group of the MidSouth Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2012
Transaction ID : SA11AI.45803
 Amount of Each Receipt this Period
 500.00

C. Dr. Lauren A Hammock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 72059
 City State Zip Code
 Eugene OR 97401-0285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Consultants PC Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2012
Transaction ID : SA11AI.45805
 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: (check only one)	PAGE 18 OF 43
	<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

A. Dr. Clarke T. Harding Jr., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Evergreen Ln
 City State Zip Code
 Glen Carbon IL 62034-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 unaffiliated Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45809
 Amount of Each Receipt this Period
 200.00

B. Dr. Thomas R Himes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Marcaby Ln
 City State Zip Code
 S Abington Twn PA 18411-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Keystone Medical Laboratories Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2012
Transaction ID : SA11AI.45819
 Amount of Each Receipt this Period
 500.00

c. Dr. Dan William Hobohm MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2601 E Roosevelt St
 City State Zip Code
 Phoenix AZ 85008-4973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maricopa Integrated Health System Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2012
Transaction ID : SA11AI.45823
 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).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 43
(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. Dr. Gordon Dwight Honda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Park Creek Dr
 City Clovis State CA Zip Code 93611-4426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Path Associates Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2012
Transaction ID : SA11AI.45825
 Amount of Each Receipt this Period
 250.00

B. Melvin Hoshiko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Memorial Hospital Med Ctr
 2801 Atlantic Ave
 City Long Beach State CA Zip Code 90801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Beach Memorial Pathology Med Grp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2012
Transaction ID : SA11AI.45828
 Amount of Each Receipt this Period
 250.00

C. Dr. Robert J. Hubbard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. of Laboratory Service
 1805 Medical Center Dr
 City San Bernardino State CA Zip Code 92411-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Bernardino Community Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : SA11AI.45830
 Amount of Each Receipt this Period
 1000.00

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: (check only one)	PAGE 20 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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

A. Dr. Amy Rapp Hudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Lakeview Dr
 City Conway State AR Zip Code 72032-8811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Labs of Arkansas Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : SA11AI.45832
 Amount of Each Receipt this Period **250.00**

B. Dr. Amy Rapp Hudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Lakeview Dr
 City Conway State AR Zip Code 72032-8811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Labs of Arkansas Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 16 / 2012**
Transaction ID : SA11AI.45833
 Amount of Each Receipt this Period **250.00**

C. Dr. Dudley D. Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 N Creekwood Dr
 City Mansfield State TX Zip Code 76063-5428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arlington Pathology Assoc Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : SA11AI.45847
 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: (check only one)	PAGE 21 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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

A. Dr. Carmen Joseph Julius MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Belmont Ave
 City Youngstown State OH Zip Code 44504-1096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Elizabeth Hlth Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : SA11AI.45853
 Amount of Each Receipt this Period **1000.00**

B. Dr. Gary R Kantor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 120
 3805 W Chester Pike
 City Newtown Square State PA Zip Code 19073-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Institute for Dermatopathology, PC Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 14 / 2012**
Transaction ID : SA11AI.45855
 Amount of Each Receipt this Period **350.00**

C. Dr. Oliver S Kim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 450 West Hwy 22
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Good Shepherd Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 28 / 2012**
Transaction ID : SA11AI.45868
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	2350.00
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 22 OF 43
	<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

A. Doug Knapman
Full Name (Last, First, Middle Initial)

Mailing Address 325 Waukegan Rd

City Northfield State IL Zip Code 60093

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

Name of Employer College of American Path. Occupation Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
03 / 14 / 2012
Transaction ID : SA11AI.45871

Amount of Each Receipt this Period
400.00

B. Dr. Clarke D.K. Lambe MD
Full Name (Last, First, Middle Initial)

Mailing Address 9250 North 3rd Street

City Phoenix State AZ Zip Code 85020

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

Name of Employer Pinnacle Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 14 / 2012
Transaction ID : SA11AI.45884

Amount of Each Receipt this Period
1000.00

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

Mailing Address Dept of Path
777 Rural Ave

City Williamsport State PA Zip Code 17701-3109

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

Name of Employer Susquehanna Health Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 09 / 2012
Transaction ID : SA11AI.45892

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1650.00

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 23 OF 43
	<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

A. Dr. Debra G.B. Leonard MD,PhD

Full Name (Last, First, Middle Initial)
Mailing Address Lab Admin Box 79
525 E 68th St

City New York State NY Zip Code 10065-4870

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

Name of Employer Weill Cornell Medical College Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 14 / 2012
Transaction ID : SA11AI.45898

Amount of Each Receipt this Period
600.00

B. Dr. Christopher M Leveque MD

Full Name (Last, First, Middle Initial)
Mailing Address 102 Chester Dr

City Friendswood State TX Zip Code 77546-4300

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 19 / 2012
Transaction ID : SA11AI.45900

Amount of Each Receipt this Period
250.00

c. Dr. Joseph P Leverone MD

Full Name (Last, First, Middle Initial)
Mailing Address Lab
45 W 10th St

City Saint Paul State MN Zip Code 55102-1004

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

Name of Employer St Joseph's Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 02 / 2012
Transaction ID : SA11AI.45902

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<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

A. Dr. Bradley M Linzie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab Med and Path P4
 701 Park Ave
 City Minneapolis State MN Zip Code 55415-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hennepin Cnty Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 14 / 2012**
Transaction ID : SA11AI.45905
 Amount of Each Receipt this Period **250.00**

B. Ming Liu
 Full Name (Last, First, Middle Initial)
 Mailing Address One Brookdale Plz
 City Brooklyn State NY Zip Code 11212-3198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brookdale Univ Hosp Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 09 / 2012**
Transaction ID : SA11AI.45908
 Amount of Each Receipt this Period **250.00**

C. Lincoln Luk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1086 Snyder Ln
 City Monterey Park State CA Zip Code 91754
 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 **03 / 09 / 2012**
Transaction ID : SA11AI.45912
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **800.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<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

A. Dr. Denis M McCarthy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 72059
 City Eugene State OR Zip Code 97401-0285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Consultants PC Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 09 / 2012**
Transaction ID : SA11AI.45933
 Amount of Each Receipt this Period **500.00**

B. Dr. Arthur H McTighe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Chief of Path 201 E University Pkwy
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : SA11AI.45935
 Amount of Each Receipt this Period **1000.00**

C. Kamala Murali
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology 14 Prospect St
 City Milford State MA Zip Code 01757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milford-Whitinsville Reg Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 28 / 2012**
Transaction ID : SA11AI.45945
 Amount of Each Receipt this Period **500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 OF 43
(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. Dr. Joseph J Natarelli DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 375 Ruby St
 City Clarendon Hills State IL Zip Code 60514-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Provena St. Joseph Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 28 / 2012
Transaction ID : SA11AI.45950
 Amount of Each Receipt this Period 1500.00

B. Dr. William P. Newman III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 Taft Park
 City Metairie State LA Zip Code 70002-1436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSU Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2012
Transaction ID : SA11AI.45957
 Amount of Each Receipt this Period 500.00

C. Dr. Ann Burkhalter Oaks , MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Ashbourne Lake Ct
 City Clemmons State NC Zip Code 27012-7906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer High Point Regional Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 09 / 2012
Transaction ID : SA11AI.45965
 Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2240.00
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 27 OF 43
	<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

A. Dr. Steven P. Olson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1315 S Cliff Ave Ste 4100
 City State Zip Code
 Sioux Falls SD 57105-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physicians Laboratory Ltd Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2012
Transaction ID : SA11AI.45973
 Amount of Each Receipt this Period
 500.00

B. Dr. Carl L Parrott Jr., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3994 Rose Hill Ave
 City State Zip Code
 Cincinnati OH 45229-1448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 unaffiliated Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45982
 Amount of Each Receipt this Period
 250.00

C. Dr. Alan C. Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 Highland Ave
 City State Zip Code
 Clarkston WA 99403-2829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathologists Regional Lab Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.45994
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 43
(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. Dr. Dennis D Reinke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 Brooke Ave
 City State Zip Code
 Wichita Falls TX 76301-5608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Associates Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2012
Transaction ID : SA11AI.46011
 Amount of Each Receipt this Period
 1000.00

B. DR AHREN Rittershaus
 Full Name (Last, First, Middle Initial)
 Mailing Address Raleigh Path Laboratory Associates
 3000 New Bern Ave
 City State Zip Code
 Raleigh NC 27610-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Raleigh Pathology Lab Assoc PA Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2012
Transaction ID : SA11AI.46019
 Amount of Each Receipt this Period
 250.00

C. Dr. Waheeb M Rizkalla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1086 Franklin St
 City State Zip Code
 Johnstown PA 15905-4305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Conemaugh Valley Mem Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.46021
 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 29 OF 43
(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. Rene Rone
Full Name (Last, First, Middle Initial)
Mailing Address 21 Villa Verde
City San Antonio State TX Zip Code 78230-2756
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 08 / 2012**
Transaction ID : SA11AI.46030
Amount of Each Receipt this Period **1000.00**

B. Dr. Tania Sandra Rowland MD
Full Name (Last, First, Middle Initial)
Mailing Address 6121 Fern Ave Unit 65
City Shreveport State LA Zip Code 71105-4149
FEC ID number of contributing federal political committee. **C**
Name of Employer VA Med Ctr-Shreveport Occupation Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 12 / 2012**
Transaction ID : SA11AI.46036
Amount of Each Receipt this Period **250.00**

C. Dr. Victor A. Saldivar MD
Full Name (Last, First, Middle Initial)
Mailing Address 333 N Santa Rosa St
City San Antonio State TX Zip Code 78207
FEC ID number of contributing federal political committee. **C**
Name of Employer Path Ref Lab Occupation Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2012**
Transaction ID : SA11AI.46042
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 30 OF 43
(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. Dr. Richard Michael Scanlan MD
Full Name (Last, First, Middle Initial)

Mailing Address 3181 SW Sam Jackson Park Rd # L471

City Portland	State OR	Zip Code 97239-3098
------------------	-------------	------------------------

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

Name of Employer Oregon Health & Science Univ	Occupation Pathologist
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : SA11AI.46046

Amount of Each Receipt this Period
250.00

B. Dr. Peter A Scully MD
Full Name (Last, First, Middle Initial)

Mailing Address 4230 Burnham Ave Ste 250

City Las Vegas	State NV	Zip Code 89119-5408
-------------------	-------------	------------------------

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

Name of Employer Associated Pathologists Chartered	Occupation Pathologist
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : SA11AI.46058

Amount of Each Receipt this Period
500.00

C. Dr. Byron Howard Simmons MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25036

City Woodbury	State MN	Zip Code 55125-0036
------------------	-------------	------------------------

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

Name of Employer St. John's Hosp	Occupation Pathologist
-------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

Transaction ID : SA11AI.46068

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 43
	<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

A. Dr. Charles Edward Slonaker III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24410 Oaklawn Plantation Rd
 City Pass Christian State MS Zip Code 39571-8969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mem Hosp at Gulfport Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2012
Transaction ID : SA11AI.46073
 Amount of Each Receipt this Period 1000.00

B. Dr. Robert I Sprague MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept Rm 1219 8260 Atlee Rd
 City Mechanicsville State VA Zip Code 23116-1844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Reg Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2012
Transaction ID : SA11AI.46085
 Amount of Each Receipt this Period 300.00

c. Dr. Robert George Stallings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 Dogwood Ln
 City Rutherfordton State NC Zip Code 28139-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutherford Hosp Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 03 / 16 / 2012
Transaction ID : SA11AI.46087
 Amount of Each Receipt this Period 312.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1612.00
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 32 OF 43
	<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

A. Dr. Sharon L Steinman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Virginia Park Rd
 City Wheeling State WV Zip Code 26003-4616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 03 / 14 / 2012
Transaction ID : SA11AI.46091
 Amount of Each Receipt this Period
250.00

B. Dr. Rachel K Stevens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 E 23rd Ave
 City Hutchinson State KS Zip Code 67502-1105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Promise Reg Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 03 / 16 / 2012
Transaction ID : SA11AI.46097
 Amount of Each Receipt this Period
250.00

c. Dr. Craig Allen Storm , MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Stage Coach Rd
 City Lebanon State NH Zip Code 03766-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Hitchcock Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 03 / 09 / 2012
Transaction ID : SA11AI.46099
 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 33 OF 43
(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. Dr. Jonathan Stuart Strauss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 Burnham Ave Ste 165
 City Las Vegas State NV Zip Code 89119-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Quest Diag Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : SA11AI.46101
 Amount of Each Receipt this Period
 1000.00

B. Dr. Mark S Synovec MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lab
 1500 SW 10th Ave
 City Topeka State KS Zip Code 66604-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stormont-Vail Reg Health Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2012
Transaction ID : SA11AI.46104
 Amount of Each Receipt this Period
 750.00

c. Dr. Maureen E Trotter , MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 102
 1150 N 18th Street
 City Abilene State TX Zip Code 79601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Clinical Pathology Associates Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2012
Transaction ID : SA11AI.46120
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 43
(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. Dr. Michael J. Trump MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 3rd Ave S Unit 2802
 City State Zip Code
 Minneapolis MN 55401-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.46122
 Amount of Each Receipt this Period
 250.00

B. Dr. Stuart E VanMeter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1924 Alcoa Hwy
 City State Zip Code
 Knoxville TN 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LabCorp Knoxville Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.46125
 Amount of Each Receipt this Period
 500.00

C. Roman Velez-Rosario
 Full Name (Last, First, Middle Initial)
 Mailing Address Departamento Patologia
 Admin Svcs Medicos
 City State Zip Code
 San Juan PR 00935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASEM Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : SA11AI.46130
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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

Full Name (Last, First, Middle Initial) A. Sunita Vempati		Date of Receipt MM / DD / YYYY 03 / 09 / 2012 Transaction ID : SA11AI.46131
Mailing Address 816 Fairview Ave. Unit E		Amount of Each Receipt this Period 250.00
City Arcadia	State CA	Zip Code 91007
FEC ID number of contributing federal political committee. C		
Name of Employer Queen of the Valley Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Connie M Vitali MD		Date of Receipt MM / DD / YYYY 03 / 12 / 2012 Transaction ID : SA11AI.46133
Mailing Address Dept of Path 2400 N Rockton Ave		Amount of Each Receipt this Period 250.00
City Rockford	State IL	Zip Code 61103-3655
FEC ID number of contributing federal political committee. C		
Name of Employer Rockford 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	

Full Name (Last, First, Middle Initial) c. Dr. Arthur Marc Vogel MD		Date of Receipt MM / DD / YYYY 03 / 09 / 2012 Transaction ID : SA11AI.46135
Mailing Address 6825 216th St SW		Amount of Each Receipt this Period 300.00
City Lynnwood	State WA	Zip Code 98036-7379
FEC ID number of contributing federal political committee. C		
Name of Employer Cytolab Pathology Services Inc P.S.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 43
	<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

A. Dr. Jeff A. Welsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lexington Medical Center
 Dept of Path
 City West Columbia State SC Zip Code 29169-4810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2012
Transaction ID : SA11AI.46142
 Amount of Each Receipt this Period
250.00

B. Dr. Terry M Welsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3086 Ceylon Rd
 City Costa Mesa State CA Zip Code 92626-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anaheim Regional Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012
Transaction ID : SA11AI.46144
 Amount of Each Receipt this Period
250.00

C. Dr. Robert A. Wessels MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Fm 1960 Rd W
 City Houston State TX Zip Code 77090-3402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Northwest Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2012
Transaction ID : SA11AI.46146
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 37 OF 43
(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. Dr. William W West MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path and Micro
 983135 Nebraska Medical Ctr
 City Omaha State NE Zip Code 68198-3135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Nebraska Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.46150
 Amount of Each Receipt this Period
 400.00

B. Dr. Robert M White MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Bellview at Jefferson
 City Roanoke State VA Zip Code 24033-3367
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2012
Transaction ID : SA11AI.46152
 Amount of Each Receipt this Period
 250.00

C. Dr. Rebecca N. Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Firetown Rd
 City Simsbury State CT Zip Code 06070-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2012
Transaction ID : SA11AI.46156
 Amount of Each Receipt this Period
 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 858.00
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 38 OF 43
	<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

A. Dr. Jeffrey Lawrence Winters MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Lab Med and Path
 200 1st St SW Hilton Bldg 270A
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic 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 Y
 03 / 12 / 2012
Transaction ID : SA11AI.46160
 Amount of Each Receipt this Period
250.00

B. Dr. Gary B. Witkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 4755 Ogletown-Stanton Rd
 City Newark State DE Zip Code 19718-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christiana Hosp 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 Y
 03 / 09 / 2012
Transaction ID : SA11AI.46162
 Amount of Each Receipt this Period
250.00

C. Dr. John Andrew Wright MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 S George St
 City York State PA Zip Code 17403-3676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer York 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 Y
 03 / 09 / 2012
Transaction ID : SA11AI.46174
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **800.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 43
	<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

A. Sang Wu
Full Name (Last, First, Middle Initial)

Mailing Address Laboratory
6100 Harris Parkway

City Ft Worth State TX Zip Code 76132

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

Name of Employer Harris Methodist Southwest Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 02 / 2012
Transaction ID : SA11AI.46176

Amount of Each Receipt this Period
500.00

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

Mailing Address Laboratory
6100 Harris Parkway

City Ft Worth State TX Zip Code 76132

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

Name of Employer Harris Methodist Southwest Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 09 / 2012
Transaction ID : SA11AI.46175

Amount of Each Receipt this Period
100.00

C. Dr. John T Yamashita MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9600

City Mission Hills State CA Zip Code 91346-9600

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

Name of Employer Providence Holy Cross Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
03 / 28 / 2012
Transaction ID : SA11AI.46178

Amount of Each Receipt this Period
750.00

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 40 OF 43
(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. Dr. Thomas W Young MD
Full Name (Last, First, Middle Initial)
Mailing Address 12717 Oakmont Dr
City Kansas City State MO Zip Code 64145-1140
FEC ID number of contributing federal political committee. **C**
Name of Employer Heartland Forensic Pathology LLC Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **03 / 16 / 2012**
Transaction ID : SA11AI.46181
Amount of Each Receipt this Period **350.00**

B. Dr. Nadim Z Youssef , MD
Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path 355 Ridge Ave
City Evanston State IL Zip Code 60202-3399
FEC ID number of contributing federal political committee. **C**
Name of Employer St Francis Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2012**
Transaction ID : SA11AI.46183
Amount of Each Receipt this Period **250.00**

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	48945.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

Transaction ID : SB21B.46189

Amount of Each Disbursement this Period

112.40

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
March'12 Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : SB21B.46191

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Activity Fee - March'12

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : SB21B.46192

Amount of Each Disbursement this Period

8.00

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

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

112.40

112.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AmeriPAC

Mailing Address 499 South Capitol St, SW
#414

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB23.46193

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB23.46194

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KATHY HOCHUL FOR CONGRESS

Mailing Address PO BOX 64

City BUFFALO State NY Zip Code 14231

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB23.46196

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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