Image# 12952505288 PAGE 1 / 16

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An A	Authorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typir	ng, type	12FE4M5	Times 550 Striy	
COMMITTEE (in full)		over the lines.	0. 11	12FE4M5		
College of American P	athologists Politica	al Action Committe	e 			
ADDRESS (number and street)	1350 I Street, NW					
Charle if different	Suite 590					
Check if different than previously reported. (ACC)	Washington			DC	20005	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A	S	STATE 🛦	ZIP COI	DE 🛦
C C00274944	3.		IEW N) OR	AM (A)	IENDED	
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)	lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (C	(c) 12-Day	Primary (12P)	General ((12G)	Runoff (12R)
July 15 Quarterly Report (C	PRE-Election Report for the	e: Convention (12C)	Special (12S)	
October 15 Quarterly Report (C		"			,	
January 31 Year-End Report (Y	E)E	ection on	D D /	Y	in the State of	f
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the	· ·	à)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		ection on	D D /	Y	in the State of	f .
5. Covering Period 06		through	M M M	/ 30 /	2012	
I certify that I have examined th	is Report and to the best	t of my knowledge and k	pelief it is true	e, correct and	d complete.	
Type or Print Name of Treasure	r Dr. Renee R. Ellerbroek	:				
Signature of Treasurer Dr. R	enee R. Ellerbroek	[Electronically	Filed] D	ate 07	/ TOTAL /	2012
NOTE: Submission of false, errone	eous, or incomplete information	ation may subject the pers	son signing th	is Report to th	ne penalties of 2 U	J.S.C. §437g.
Office				· 	FEC FOR	
Use Only					Rev. 12/20	

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: 06 01 2012 To: 06 30 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2012		478752.69			
	(b) Cash on Hand at Beginning of Reporting Period	603417.69				
	(c) Total Receipts (from Line 19)	10410.00	268851.00			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	613827.69	747603.69			
7.	Total Disbursements (from Line 31)	9604.40	143380.40			
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		604223.29	604223.29			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Re	port Covering the Period: From: 06	01 2012 To:	06 30 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)	8485.00	203350.00			
	(ii) Unitemized(iii) TOTAL (add	1925.00	65501.00			
	Lines 11(a)(i) and (ii)	10410.00	268851.00			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10410.00	268851.00			
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00			
10	All Loans Received	0.00	0.00			
13.	All Loans neceived					
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	to Federal Candidates and Other Political Committees	0.00	0.00			
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00			
10.	(a) Non-Federal Account	0.00	0.00			
	(from Schedule H3)	0.00	0.00			
	(b) Levin Funds (from Schedule H5)	0.00	0.00			
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	10410.00	268851.00			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	10410.00	268851.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schodule III4)		outonadi Todi to Bato
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I odorar chare		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	104.40	598.40
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	104.40	598.40
	Transfers to Affiliated/Other Party	104.40	330.40
	Committees	0.00	0.00
	Contributions to		
	Federal Candidates/Committees and Other Political Committees	9500.00	156500.00
	Independent Expenditures		
	(use Schedule E)	0.00	0.00
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
	(use Schedule F)	0.00	0.00
	I B	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	-13718.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	3.00	7 7
	(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
	Tatal Diahamananta (add live 24/a) CS		
	Total Disbursements (add Lines 21(c), 22,	2224.42	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9604.40	143380.40
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	9604.40	143380.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10410.00	268851.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10410.00	268851.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	104.40	598.40	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	104.40	598.40	

Image# 12952505293 PAGE 6 / 16

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: F3XN Transaction ID:

July 17, 2012

Due to a recent customer migration from from Ablaze software to Oracle software not all PAC payments for June, 2012, were recorded. There are \$2,550.00 that we will record next month or the following month. Our IS team is workking diligently on our system to allow for these types of payments. Until our system is able to accept these dollars, we are manually tracking each contribution to make sure it is reported in the near future. Please contact me should you have any questions.

Sincerely, Rosa A. Rosado College of American Pathologists 847-832-7307

Form/Schedule: Transaction ID:

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

FOR LINE NUMBE (check only one)

	FOR LINE	NUMBER	: PAGE	: 7 OF	16			
(check only one)								
	X 11a	11b	11c	12				
	13	14	15	16	17			

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Dr. Ray Armand MD		Date of Receipt
Mailing Address 1140 Business Center Dr S	ite 370	06 21 2012
City Houston	State Zip Code TX 77043-2742	Transaction ID : SA11AI.46745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer MLD Pathology Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date ▼ 400.00	_
Full Name (Last, First, Middle Initial) Dr. Jeffrey D Cao MD Mailing Address Dept of Path AH 301		Date of Receipt
11021 Campus St	State Zip Code	06 20 2012 Transaction ID : SA11AI.46739
Loma Linda FEC ID number of contributing federal political committee.	CA 92350	Amount of Each Receipt this Period 60.00
Name of Employer Loma Linda Univ Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Dr. David H Cresson Jr MD		Date of Receipt
Mailing Address 1914 Thomson Dr		06 21 2012
City Lynchburg	State Zip Code VA 24501-1009	Transaction ID : SA11AI.46735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Virginia Baptist Hosp Receipt For: □ Primary □ General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	-
SUBTOTAL of Receipts This Page (optional)	>	710.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:					PAGE		8	OF	16
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)	- Bulliand Author Co. 199	
College of American Pathologist	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Eric F Glassy MD		Date of Receipt
Mailing Address 19951 Mariner Ave Ste 150		06 22 2012
City	State Zip Code	Transaction ID : SA11AI.46729
Torrance	CA 90503-1738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer	Occupation	
Affiliated Path Med Grp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Dr. Kathryn Teresa Knight MD		Date of Receipt
Mailing Address 208 S Goose Hill Rd		06 18 2012
City	State Zip Code	Transaction ID : SA11AI.46726
Rocky Face	GA 30740-8992	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Associates in Laboratory Medicine	Occupation Pathologist	
Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Nancy C Kois MD		Data of Pagaint
Mailing Address 1577 E Holly St		Date of Receipt
City	State 7in Code	06 28 2012
City Boise	State Zip Code ID 83712-8355	Transaction ID : SA11AI.46724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
St Alphonsus Reg Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1850.00
TOTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:					PAGE		9	OF		16	
	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

NAME OF COMMITTEE (In Full)	gists Political Action Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jason E Love MD Mailing Address 532 SW 181st St		Date of Receipt 06 21 2012
City Seattle	State Zip Code WA 98166-3752	Transaction ID : SA11Al.46719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Multicare Hlth Sys Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ruth A Macke MD Mailing Address Dept of Path 1026 A Ave NE City Cedar Rapids	State Zip Code IA 52402-5036	Date of Receipt 06 21 2012 Transaction ID : SA11AI.46717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer St Luke's Hospital Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼	2000.00
Full Name (Last, First, Middle Initial) Dr. William D Power MD Mailing Address 3132 Rowena Dr City Los Alamitos FEC ID number of contributing federal political committee. Name of Employer Brotman Med Ctr Receipt For: Primary Other (specify) General	State Zip Code CA 90720-5230 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M A 2012 Transaction ID: SA11Al.46714 Amount of Each Receipt this Period 250.00
		2500.00
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	<u>_</u>	2550.60

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

10 OF 16 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Thomas G Puckett MD Date of Receipt Mailing Address Dept of Path 421 S 28th Ave Ste 310 2012 City Zip Code State Transaction ID: SA11AI.46712 MS 39401-7208 Hattiesburg Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Hattiesburg Clinic, PA Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Matthew James Snyder MD Date of Receipt Mailing Address Pathology Dept 3000 New Bern Ave 06 20 2012 City State Zip Code Transaction ID: SA11AI.46707 NC Raleigh 27610-1231 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Name of Employer Occupation Raleigh Pathology Lab Assoc PA Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr Paula A Sochacki MD Date of Receipt Mailing Address 4646 John R St 06 21 2012 City Zip Code State Transaction ID: SA11AI.46706 MI Detroit 48201-1916 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation VA Medical Center-Detroit Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1425.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 16 Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER.					FAGL	•	11 01		10	
ı	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Joshua Aaron Sonnen MD		Date of Receipt
Mailing Address Dept of Path Rm 2Ec07		M = M / D = D / Y = Y = Y
325 9th Ave		06 18 2012
City	State Zip Code	Transaction ID : SA11AI.46705
Seattle	WA 98104-2420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Harborview Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Geoffrey Stuart Weisbaum DO		Date of Receipt
Mailing Address 9450 E Broadview Dr		06 21 2012
City	State Zip Code	Transaction ID : SA11AI.46699
Bay Harbor Islands	FL 33154-1916	Amount of Each Receipt this Period
FEC ID number of contributing		1000 50
federal political committee.	C	1000.00
Name of Employer	Occupation	
Broward Gen Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggrogato Toat-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)		
Dr. Arthur H Williams MD		Date of Receipt
Mailing Address 900 S Atlantic Blvd		06 21 Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.46697
Monterey Park	CA 91754-4716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Garfield Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
	<u>·</u> _	
TOTAL This Period (last page this line number	only)	

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

16

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr Richard W Zuehl MD Date of Receipt Mailing Address 2721 33rd St 2012 21 City Zip Code State Transaction ID: SA11AI.46695 WI Two Rivers 54241-1509 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Aurora Med Ctr-Manitowoc County Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 8485.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13	3 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s)			
	for each category of the Detailed Summary Page	X 21b	22 23 24 25	5 26
		27	28a 28b 28c 29	9 30b
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politic	ai committee to	solicit contributions from such comm	mittee.
College of American Pathologists P	Olitical Action Comm	mittee		
	Ontical Action Com	Tillico		
Full Name (Last, First, Middle Initial)			Data of Diahuraament	
A. Sun Trust Bank			Date of Disbursement	V V
Mailing Address P.O. Box 85024			06 20 2012	
City	itate Zip Code			
	VA 23285		Transaction ID : SB21B.46762	
Purpose of Disbursement Suntrust Account Analysis Fee			Amount of Each Disbursement th	is Pariod
Candidate Name		0.4	Amount of Each Disbursement in	is i ellou
		Category/ Type		62.50
Office Sought: House Disbursem				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
			M M / D D / Y Y	Y
Mailing Address				
City	tate Zip Code			
Purpose of Dichurcoment	I			
Purpose of Disbursement			Amount of Each Disbursement th	is Period
Candidate Name		Category/		
		Type		
Office Sought: House Disbursem				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M / D D / Y Y	YY
City	tate Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement th	is Period
Candidate Name		Category/		
Office Sought: House Disbursem	nent For:	Туре		
	Primary General			
	Other (specify) ▼			
State: District:				
				62.50
SUBTOTAL of Disbursements This Page (optional)		·····•		32.50
TOTAL This Period (last page this line number only).				62.50

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	(a) TOTT EINE NOMBETT:		PAGE 14 OF 16
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		d by any perso	on for the purpose of so	Diciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists				
A. FRIENDS OF LOIS CAPPS			Date of Disbursemen	nt / Y Y Y Y Y
Mailing Address PO Box 23940			06 08	2012
City Santa Barbara	State Zip Code CA 93121		Transaction ID : SI	323.46753
Purpose of Disbursement			Amount of Each Disl	oursement this Period
Candidate Name		Category/ Type		1000.00
Senate President	ement For: 2012 Primary			
State: CA District: 22 Full Name (Last, First, Middle Initial)			Date of Disbursemen	nt .
B. LEE TERRY FOR CONGRESS Mailing Address P.O. Box 540098			06 06	/ Y Y Y Y Y Y 2012
City	State Zip Code		Transaction ID - C	D02 46750
Omaha Purpose of Disbursement	NE 68154		Transaction ID : S	B23.40732
			Amount of Each Disl	oursement this Period
Candidate Name		Category/ Type		2500.00
Office Sought: House Disburs	ement For: 2012 Primary			
Full Name (Last, First, Middle Initial) C. MARTIN HEINRICH FOR SENA	 ГЕ		Date of Disbursemen	nt
Mailing Address P.O. BOX 25763			06 06	2012
City Albuquerque	State Zip Code NM 87125		Transaction ID : Si	B23.46757
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disk	oursement this Period
Office Sought: House Senate President State: NM District:	ement For: 2012 Primary			,
SUBTOTAL of Disbursements This Page (optional TOTAL This Period (last page this line number or				4500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
College of American Pathologis	ts Political Action Comn	nittee	
Full Name (Last, First, Middle Initial)			
A. NANCY PELOSI FOR CONGRI	ESS		Date of Disbursement
Mailing Address 700 13TH STREET, NW SUITE 600			06 08 2012
City	State Zip Code		Transaction ID : SB23.46754
WASHINGTON	DC 20005		Transaction ID . 3D23.40734
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disbu	ursement For: 2012		, ,
Senate President	Primary ☐ General Other (specify) ▼		
State: CA District: 12	Other (apochy)		
Full Name (Last, First, Middle Initial)			
B. PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3176			06 06 2012
			00 00 2012
	Ctoto Zin Codo		
City LONG BRANCH	State Zip Code N.I 07740		Transaction ID : SB23.46751
City LONG BRANCH Purpose of Disbursement	NJ 07740		Transaction ID : SB23.46751
LONG BRANCH	•		Transaction ID : SB23.46751 Amount of Each Disbursement this Period
LONG BRANCH	•	Category/ Type	
LONG BRANCH Purpose of Disbursement Candidate Name Office Sought: House Disbu	NJ 07740		Amount of Each Disbursement this Period
LONG BRANCH Purpose of Disbursement Candidate Name Office Sought: House Senate Disbu	NJ 07740 ursement For: 2012 Primary General		Amount of Each Disbursement this Period
LONG BRANCH Purpose of Disbursement Candidate Name Office Sought: House Disbu	NJ 07740		Amount of Each Disbursement this Period
LONG BRANCH Purpose of Disbursement Candidate Name Office Sought: House Senate President	NJ 07740 ursement For: 2012 Primary General		Amount of Each Disbursement this Period
LONG BRANCH Purpose of Disbursement Candidate Name Office Sought: House Senate President State: NJ District: 06	NJ 07740 Ursement For: 2012 Primary General Other (specify)		Amount of Each Disbursement this Period 1000.00 Date of Disbursement
LONG BRANCH Purpose of Disbursement Candidate Name Office Sought: House Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial)	NJ 07740 Ursement For: 2012 Primary General Other (specify)		Amount of Each Disbursement this Period 1000.00
LONG BRANCH Purpose of Disbursement Candidate Name Office Sought: House Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial) C. PASCRELL FOR CONGRESS Mailing Address POB 640	NJ 07740 Director of the primary General Other (specify) ▼ INC.		Amount of Each Disbursement this Period 1000.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 16 OF 16
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
College of American Pathologists F	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial)			
- TIBERI FOR CONGRESS			Date of Disbursement
Mailing Address 2931 E DUBLIN GRANVILLE ROA	۷D		06 25 2012
SUITE 190 City	State Zip Code		
COLUMBUS	OH 43231		Transaction ID : SB23.46759
Purpose of Disbursement			
Over l'ideale Alexande			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Office Sought:	ment For: 2012	Туре	7
Senate Seagni.	Primary X General		
President	Other (specify) ▼		
State: OH District: 12			
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
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City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Cought		Туре	
Office Sought: House Disburser Senate	ment For: Primary General		
President	Other (specify)		
State: District:	Carer (epoonly)		
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Purpose of Disbursement			
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Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period
Candidate Name	ment For:	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	ment For: Primary General	Category/ Type	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disburser Senate President		Category/ Type	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disburser Senate	Primary General	Category/ Type	Amount of Each Disbursement this Period
Candidate Name Office Sought: House Senate President State: District:	Primary General Other (specify) ▼	Type	
Candidate Name Office Sought: House Disburser Senate President	Primary General Other (specify) ▼	Type	Amount of Each Disbursement this Period