

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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.....	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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8485.00	203350.00
(ii) Unitemized	1925.00	65501.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10410.00	268851.00
(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)	10410.00	268851.00
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))..... ▶	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
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	104.40	598.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104.40	598.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	156500.00
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)) ..	9604.40	143380.40
32. 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10410.00	268851.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10410.00	268851.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	104.40	598.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	104.40	598.40

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFHZG7 <98I @ `CF `H9A-N5HCB

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 working 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,
College of American Pathologists

Rosa A. Rosado
847-832-7307

Form/Schedule:
Transaction ID:

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

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

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

A. Dr. Ray Armand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Business Center Dr Ste 370
 City Houston State TX Zip Code 77043-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MLD Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : SA11AI.46745
 Amount of Each Receipt this Period
 400.00

B. 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 ▼ 680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : SA11AI.46739
 Amount of Each Receipt this Period
 60.00

C. Dr. David H Cresson Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1914 Thomson Dr
 City Lynchburg State VA Zip Code 24501-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Baptist 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
 06 / 21 / 2012
Transaction ID : SA11AI.46735
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 710.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 16
(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. Jason E Love MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 SW 181st St
 City Seattle State WA Zip Code 98166-3752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multicare Hlth Sys 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
 06 / 21 / 2012
Transaction ID : SA11AI.46719
 Amount of Each Receipt this Period
 250.00

B. Dr. Ruth A Macke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1026 A Ave NE
 City Cedar Rapids State IA Zip Code 52402-5036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Luke's Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : SA11AI.46717
 Amount of Each Receipt this Period
 2000.00

C. Dr. William D Power MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3132 Rowena Dr
 City Los Alamitos State CA Zip Code 90720-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brotman 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
 06 / 18 / 2012
Transaction ID : SA11AI.46714
 Amount of Each Receipt this Period
 250.00

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 10 OF 16
<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 G Puckett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 421 S 28th Ave Ste 310
 City Hattiesburg State MS Zip Code 39401-7208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hattiesburg Clinic, PA Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 18 / 2012**
Transaction ID : SA11AI.46712
 Amount of Each Receipt this Period **1000.00**

B. Dr. Matthew James Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Pathology Dept
 3000 New Bern Ave
 City Raleigh State NC Zip Code 27610-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : SA11AI.46707
 Amount of Each Receipt this Period **175.00**

c. Dr Paula A Sochacki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4646 John R St
 City Detroit State MI Zip Code 48201-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Medical Center-Detroit Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 21 / 2012**
Transaction ID : SA11AI.46706
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1425.00**
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 11 OF 16
	<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. Joshua Aaron Sonnen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path Rm 2Ec07
 325 9th Ave
 City Seattle State WA Zip Code 98104-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harborview Medical Center 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
 06 / 18 / 2012
Transaction ID : SA11AI.46705
 Amount of Each Receipt this Period
250.00

B. Dr. Geoffrey Stuart Weisbaum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9450 E Broadview Dr
 City Bay Harbor Islands State FL Zip Code 33154-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Broward Gen Med Ctr 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
 06 / 21 / 2012
Transaction ID : SA11AI.46699
 Amount of Each Receipt this Period
1000.00

C. Dr. Arthur H Williams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S Atlantic Blvd
 City Monterey Park State CA Zip Code 91754-4716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garfield Medical Center 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
 06 / 21 / 2012
Transaction ID : SA11AI.46697
 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 12 OF 16
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Richard W Zuehl MD

Mailing Address 2721 33rd St

City Two Rivers State WI Zip Code 54241-1509

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

Name of Employer Aurora Med Ctr-Manitowoc County 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
06 / 21 / 2012

Transaction ID : SA11AI.46695

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	8485.00

**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 Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SB21B.46762

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

62.50

62.50

**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. FRIENDS OF LOIS CAPP

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2012

Transaction ID : SB23.46753

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEE TERRY FOR CONGRESS

Mailing Address P.O. Box 540098

City State Zip Code
Omaha NE 68154

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : SB23.46752

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MARTIN HEINRICH FOR SENATE

Mailing Address P.O. BOX 25763

City State Zip Code
Albuquerque NM 87125

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NM District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : SB23.46757

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

Transaction ID : SB23.46754

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.46751

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PASCRELL FOR CONGRESS INC.

Mailing Address POB 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

Transaction ID : SB23.46755

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input 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. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SB23.46759

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

9500.00