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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		-or C	tne	r inan An	Autnoriz	ea Comm	Ittee		Office Us	se Only	
1.				IAILING LAI DR PRINT 🙀	_	xample:If typ ver the lines	ing, type				
L	College of American Pathologi	ists Po	olitical	Action Comr	nittee _ _			1 1 1			
Ш			1 1								
ΑD	DRESS (number and street)	135	50 I S	treet, NW			1 1 1 1		1 1 1 1 1		
_	Check if different	Sui	te 59	0			1 1 1 1 1		1 1 1 1 1		
L	than previously reported. (ACC)	Wa	shing	jton 				DC	2	0005	
2.	FEC IDENTIFICATION NUM	BER	*		CITY 🛕			STATE	L	ZIPCOD	E 🛕
	C00274944				3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b		nthly port e On:	Feb 20 (M Mar 20 (M		May 20 (M5)		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
	(a) Quarterly Reports:							H		H	Year Only)
	April 15 Quarterly Report(Q1	1)			Apr 20 (M	4)	Jul 20 (M7)	۳	Oct 20 (M10)	屵	Jan 31 (YE)
	July 15 Quarterly Report(Q2 October 15	2)	(c)	12-Day PRE-Election Report for t		Primary (1 Conventio		=	neral (12G) ecial (12G)		Runoff (12R)
	Quarterly Report(Q3 January 31 Quarterly Report(YE			ſ	Election on					in the State of	f
	July 31 Mid-Year Report(Non-election Year Only) (MY)	1	(d)	30-Day Post -Elect		General (3	30G)	Ru	noff (30R)		Special (30S)
	Termination Report (TER)			F	Election on					in the State of	f
5.	Covering Period 0 8		0 1	201	1	throug	h 08	3 1	2011		
	ertify that I have examined this Rope or Print Name of Treasurer	-		the best of r nee R. Ellerbr	-	e and belief i	t is true, correc	t and com	plete.		
Sig	nature of Treasurer Electron	ically F	Filed I	oy Dr. Ren	ee R. Ellerbr	roek		Date	09 19	,	2011
NO	TE : Submission of false, erron	eous,	or inc	omplete infor	mation may	subject the pe	erson signing th	nis Report	to the penalties	of 2 U.S	S.C 437g.
	Office Use									FORI	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

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

FEC Form 3X (Rev. 02/2003)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a	O) Cash on Hand January 1 2011		388632.97
(b	Cash on Hand at Begining of Reporting Period	412627.44	
(c	Total Receipts (from Line 19)	53023.86	328514.58
(d	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	465651.30	717147.55
. То	otal Disbursements (from Line 31)	72.45	251568.70
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	465578.85	465578.85
the	ebts and Obligations owed TO e committee (Itemize all on chedule C and/or Schedule D)	0.00	
the	ebts and Obligations owed BY e committee (Itemize all on chedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

М М 0 1 м°м 8 0 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 48263.86 248048.72 (i) Itemized (use Schedule A) 4760.00 79115.86 (ii) Unitemized (iii) TOTAL (add 53023.86 327164.58 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 327164.58 53023.86 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 1350.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (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 Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 53023.86 328514.58 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 53023.86 328514.58

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(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	72.45	568.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	72.45	568.70
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	0.00	250718.00
. Independent Expenditure	0.00	0.00
(use Schedule E)		
(use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made Refunds of Contributions To:	0.00	0.00
(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
O. Other Disbursements	0.00	282.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72.45	251568.70
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	72.45	251568.70

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)	53023.86	327164.58
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	53023.86	327164.58
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	72.45	568.70
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	72.45	568.70

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/25 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Lawrence Ariano			Date of Receipt
Mailing Address Department of Path 25 North Winfield F	nology Road		0 8 2 6 Y Y Y Y Y
City Winfield	State IL	Zip Code 60190	Transaction ID: SA11AI.41634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2400.00
Name of Employer Central DuPage Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Joseph Karl Blessinger, Dr.	I		Date of Receipt
Mailing Address Department of Path 172 4th Street SE	nology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huron	State SD	Zip Code 57350	Transaction ID: SA11AI.41644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Huron Regional Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ , ' 	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P. Eleni Bourtsos, Dr.			Date of Receipt
Mailing Address 5101 S Willow Spri	ngs Rd		0 8 2 2 2 1 1 1
City LaGrange	State IL	Zip Code 60525	Transaction ID: SA11AI.41647 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000	300.00
Name of Employer LaGrange Memorial Hosp	Occupation Patholog		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	J)		2950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 7 / 25 (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 the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and address of any po	r used by any person olitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Z. Rafael Campanini, Dr. Mailing Address Department of Pathol- 1044 N Francisco St City Chicago FEC ID number of contributing federal political committee. Name of Employer Norwegian American Hosp	State Zip Code IL 60622-27 C Occupation Pathologist		Date of Receipt M M M D D D C 2 2 2 2 1 1 1 Transaction ID: SA11AI.41648 Amount of Each Receipt this Period 36.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	216.00	
Full Name (Last, First, Middle Initial) J. Thomas Carroll, Dr. Mailing Address St. Luke's Reg. Med. Pathology Departmen City Sioux City FEC ID number of contributing federal political committee. Name of Employer St. Luke's Reg Med Ctr Receipt For: Primary General Other (specify)			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr. Mailing Address Department of Pathologone 206 E. Brown Street City East Stroudsburg FEC ID number of contributing federal political committee.	State Zip Code PA 18301		Date of Receipt M M M / D D D / Y Y Y Y Y 0 8 2 2 2 0 1 1 Transaction ID: SA11AI.41651 Amount of Each Receipt this Period 100.00
Name of Employer Pocono Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	600.00	
SUBTOTAL of Receipts This Page (optional) .		·····	1136.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) C. Philip Chen, Dr. Mailing Address Dept of Path CRB 1 1120 NW 14th St City	422 State	Zip Code	Date of Receipt 0 8 2 6 2 0 1 1 Transaction ID: SA11AI.41653
Miami FEC ID number of contributing federal political committee.	FL	33136-2107	Amount of Each Receipt this Period 500.00
Name of Employer University of Miami Receipt For: Primary General Other (specify) ▼	Occupation Pathologi Aggregate		
Full Name (Last, First, Middle Initial) A. Jerrold Clark, Dr. Mailing Address 2275 Northwest Pkv	vy SE Ste 140		Date of Receipt 0 8 0 3 2 0 1 1
City Marietta	State GA	Zip Code 30067-9319	Transaction ID: SA11AI.41655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Ameripath Atlanta Receipt For: Primary General	Occupation Pathologi Aggregate	ist Year-to-Date ▼	250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott Bradford Collins, Dr.	0 0	250.00	Date of Receipt
Mailing Address 955 Ribaut Rd			08 / 26 / Y Y Y Y Y Y
City Beaufort FEC ID number of contributing federal political committee.	State SC	Zip Code 29902-5441	Transaction ID: SA11AI.41656 Amount of Each Receipt this Period 1000.00
Name of Employer Beaufort Mem Hosp	Occupation Pathologic	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/25 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Lee Michele Cooley, Dr.			Date of Receipt
Mailing Address Path Laboratory 701 10th St SE			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cedar Rapids	State IA	Zip Code 52403-1251	Transaction ID: SA11AI.41658 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Mercy Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.			Date of Receipt
Mailing Address 5620 East El Parqu			08 22 2011
City Long Beach	State CA	Zip Code 90815-4129	Transaction ID: SA11AI.41659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30013-4123	100.00
Name of Employer Centinela Hosp Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) A. Craig Dise, Dr.	<u> </u>		Date of Receipt
Mailing Address Department of Path 100 Madison Ave	nology		0 8 2 6 Y Y Y Y Y Y
City Morristown	State NJ	Zip Code 07960	Transaction ID: SA11AI.41664 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Morristown Memorial Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			1350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action C	Committee	
Full Name (Last, First, Middle Initial) Cox Carol Eisenhut, Dr.			Date of Receipt
Mailing Address 9550 Zionsville Ro	d Ste 200		08 03 7 2011
City Indianapolis	State IN	Zip Code 46268-1065	Transaction ID: SA11AI.41666 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer DCL Medical Laboratories,- LLC	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) W. James Elliott, Dr.			Date of Receipt
Mailing Address Department of Pa 8118 Good Luck F			08 / 22 / Y Y Y Y Y Y Y
City Lanham	State MD	Zip Code 20706-3595	Transaction ID: SA11AI.41667 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20700 0000	250.00
Name of Employer Doctors Community Hosp	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) F. Alan Frigy, Dr.			Date of Receipt
Mailing Address Department of Pa 1800 East Lakesh	thology ore Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Decatur	State IL	Zip Code 62521-2521	Transaction ID: SA11AI.41670 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer St. Mary's Hosp	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option			1750.00

Mason City FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr-North Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp	Action Committee State Zip Code IA 50401-2800 Ccupation athologist ggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) P Steven Goetz, Dr. Mailing Address Dept of Path 1000 Fourth St SW City Mason City FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr-North Iowa Receipt For: Primary General Other (specify) City Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	State Zip Code IA 50401-2800 Cupation athologist ggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mason City FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr-North Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	Cocupation athologist ggregate Year-to-Date	Transaction ID: SA11AI.41674 Amount of Each Receipt this Period
Mason City FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr-North Iowa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	Cocupation athologist ggregate Year-to-Date	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr-North Iowa Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	ccupation athologist ggregate Year-to-Date ▼	
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	athologist ggregate Year-to-Date ▼	1
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	ggregate Year-to-Date ▼	
George Robert Gurdak, Dr. Mailing Address Dept of Path 1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	750.00	
1350 E Market St City Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:		Date of Receipt
Warren FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	Otata 7in Oada	08 17 2011
FEC ID number of contributing federal political committee. Name of Employer Trumbull Memorial Hosp Receipt For:	State Zip Code OH 44482	Transaction ID: SA11AI.41676 Amount of Each Receipt this Period
Receipt For:		250.00
	ccupation athologist]
Other (specify) ▼	ggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) S. Thomas Haas, Dr.		Date of Receipt
Mailing Address Department of Pathology 1000 Mineral Point Ave		0 8 2 2 2 0 1 1
•	State Zip Code WI 53548	Transaction ID: SA11AI.41677 Amount of Each Receipt this Period
FFO ID work and Constitution		50.00
Morov Hoop	ccupation athologist	1
Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	.	1050.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to a Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) V. William Harrer, Dr. Mailing Address 129 The Mews City Haddonfield FEC ID number of contributing federal political committee. Name of Employer Our Lady of Lourdes Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NJ 08033-1344 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.41678 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr. Mailing Address The Pathology Companies City Omaha FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital Receipt For: Primary General Other (specify)	State Zip Code NE 68114 C Occupation Pathologist Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.41681 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) S. Herman Hurwitz, Dr. Mailing Address 1004 Annapolis L City Cherry Hill FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Inc Receipt For: Primary General Other (specify)	State Zip Code NJ 08003-8003 C Occupation Pathologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 7 2 0 1 1 Transaction ID: SA11AI.41689 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (option	onal)	4000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
College of American Pathologists F Full Name (Last, First, Middle Initial)	Political Action Committee	
M. Darlene Lee, Dr. Mailing Address 1200 N Beaver		Date of Receipt 0 8 2 6 2 0 1 1
City Flagstaff	State Zip Code AZ 86001	Transaction ID: SA11AI.41698 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Flagstaff Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) K W David Lieu, Dr. Mailing Address 837 Country Rd.		Date of Receipt
walling Address 657 Country No.		08 26 2011
City	State Zip Code	Transaction ID: SA11AI.41699
Monterey Park FEC ID number of contributing federal political committee.	CA 91755-4976	Amount of Each Receipt this Period 1000.00
Name of Employer Fine Needle Aspiration Med Group	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) L Richard Lozano, Dr.	1	Date of Receipt
Mailing Address Dept of Path 290 Big Run Rd		08 / 26 / Y Y Y Y
City Lexington	State Zip Code KY 40502	Transaction ID: SA11AI.41700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Pathology & Cytology Labs Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (options	(le	5000.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one)
Any information cop or for commercial p	oied from such Reports and surposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	MITTEE (In Full) nerican Pathologists Pol	itical Action (Committee	
Full Name (Last E Charles Mangu	First, Middle Initial)			Date of Receipt
	7501 Lakeview Pkwy	Ste 160		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rowlett		State TX	Zip Code 75088	Transaction ID: SA11AI.41702 Amount of Each Receipt this Period
FEC ID number federal political of		C		1500.00
Name of Employ North Texas Par	ver h Labs	Occupatio Patholog		
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last	First, Middle Initial)	_ !		Date of Receipt
	900 S. Bryan Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.41705
Mission FEC ID number federal political of		C	78572	Amount of Each Receipt this Period 1100.00
Name of Employ Mission Hosp	ver er	Occupatio Patholog		
Receipt For: Primary Other (spe	General ccify) ▼	, ' 	e Year-to-Date ▼ 1100.00	
Full Name (Last E. John McDonal	First, Middle Initial)			Date of Receipt
Mailing Address				M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City North Richlan	d Hil	State TX	Zip Code 76180	Transaction ID: SA11AI.41706 Amount of Each Receipt this Period
FEC ID number federal political of	of contributing	С		1000.00
Name of Employ North Hills Hosp	ver O	Occupation Patholog		
Receipt For: Primary Other (spe	General cify) ▼	, ' 	e Year-to-Date ▼ 1000.00	
CURTOTAL of Do	ceipts This Page (optional) .	1		3600.00

Any information copied from such Reports and Stator for commercial purposes, other than using the national college of American Pathologists Political Full Name (Last, First, Middle Initial) Daniel Michael McEachin, Dr. Mailing Address #1105 285 Centennial Olympic City Atlanta FEC ID number of contributing federal political committee. Name of Employer Piedmont Newnan Hosp Receipt For: Primary General Other (specify) General	eal Action Committee Pk Dr State Zip Code GA 30313 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Date of Receipt this Period Date of Receipt this Period Date of Receipt this Period
Full Name (Last, First, Middle Initial) Daniel Michael McEachin, Dr. Mailing Address #1105 285 Centennial Olympic City Atlanta FEC ID number of contributing federal political committee. Name of Employer Piedmont Newnan Hosp Receipt For: Primary General	Pk Dr State Zip Code GA 30313 C Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	Transaction ID: SA11AI.41707 Amount of Each Receipt this Period 1000.00 Date of Receipt
Mailing Address #1105 285 Centennial Olympic City Atlanta FEC ID number of contributing federal political committee. Name of Employer Piedmont Newnan Hosp Receipt For: Primary General	State Zip Code GA 30313 C Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	Transaction ID: SA11AI.41707 Amount of Each Receipt this Period 1000.00 Date of Receipt
City Atlanta FEC ID number of contributing federal political committee. Name of Employer Piedmont Newnan Hosp Receipt For: Primary General	State Zip Code GA 30313 C Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	Transaction ID: SA11AI.41707 Amount of Each Receipt this Period 1000.00 Date of Receipt
Atlanta FEC ID number of contributing federal political committee. Name of Employer Piedmont Newnan Hosp Receipt For: Primary General	GA 30313 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Amount of Each Receipt this Period 1000.00 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Piedmont Newnan Hosp Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt
Receipt For: Primary General	Pathologist Aggregate Year-to-Date ▼ 1000.00	─
Primary General	Aggregate Year-to-Date ▼ 1000.00	─
	ed	─
Full Name (Last, First, Middle Initial) D. John Milam, Dr.	ed	M M / D D / Y Y Y
Mailing Address Dept of Path and Lab Me 6431 Fannin St		08 12 2011
City	State Zip Code	Transaction ID: SA11AI.41710
Houston	TX 77030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) T Ann Moriarty, Dr.		Date of Receipt
Mailing Address 3643 Delaware Commor	ns S Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.41713
Indianapolis	IN 46220-3743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AmeriPath Indiana	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		1400.00

A. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) W. Dwight Morrow, Dr. Mailing Address Department of Pathology 801 S Washington City Naperville IL 60586-7060 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Poccupation Pathologist Pathologist FEC ID number of contributing federal political committee. Pathologist FEC ID number of contributing FEC ID number of Contributi	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. W. Dwight Morrow. Dr. Mailing Address Department of Pathology 801 S Washington City State Zip Code Naperville IL 60596-7060 FEC ID number of contributing rederal political committee. Name of Employer Abott Northwestern Hosp Pathologist FEC ID number of contributing Receipt For: Primary General Officer (specify) ▼ State Zip Code Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41714 Amount of Each Receipt this Period Pathologist Pathologist Pathologist Receipt For: Primary General Officer (specify) ▼ Aggregate Year-to-Date ▼ Pathologist Receipt For: Primary General Officer (specify) ▼ Pathologist FEC ID number of contributing rederal political committee. Pathologist Receipt For: Primary General Officer (specify) ▼ Pathologist FEC ID number of contributing rederal political committee. Pathologist Receipt For: Primary General Officer (specify) ▼ Pathologist Pathologist Pathologist Pathologist Receipt For: Primary General Officer (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.41716 Anount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41716 Anount of Each Receipt This Period Date of Receipt Transaction ID: SA11AI.41716 Anount of Each Receipt In Transaction ID: SA11AI.41716 Anount of Eac		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
Sol S Washington City Naperville Napervill	∠ A .	W. Dwight Morrow, Dr.			Date of Receipt
City Naperville Name of Employer Edward Hosp Pathologist Receipt For: Primary General Other (specify) ▼ State Zip Code Name of Employer Abort Northwestern Hosp Name of Employer Northwestern Hosp Name		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ogy		08 22 2011
Second Committee C		City		•	
Name of Employer Decupation Pathologist			<u>IL</u>	60566-7060	Amount of Each Receipt this Period
Receipt For:			C		250.00
Primary		Name of Employer Edward Hosp			
Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 11136 800 E 28th St State Zip Code MIN 55407-3723 Transaction ID: SA11AI.41715 Amount of Each Receipt this Period FEC ID number of contributing General Other (specify) ▼		Primary General	Aggregate	1 1 1 1 1 1 1	
Mailing Address Dept Of Path Internal Zip 11136 800 E 28th St City Minneapolis MN 55407-3723 FEC ID number of contributing federal political committee. C Name of Employer Abbott Northwestern Hosp Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City Tallahassee FL 32308 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.41715 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41716 Tallahassee FL 32308 FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	- В.		1		Date of Receipt
Minneapolis MIN 55407-3723 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Abbott Northwestern Hosp Receipt For: Name (Last, First, Middle Initial) H. Margaret Neal, Dr. Mailing Address 1899 Eider Ct City Tallahassee FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Transaction ID: SA11AI.41716 Amount of Each Receipt this Period Transaction ID: SA11AI.41716 Transaction ID: SA11AI.41716 Amount of Each Receipt this Period		Mailing Address Dept Of Path Internal	Zip 11136		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Abbott Northwestern Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) H. Margaret Neal, Dr. Mailing Address 1899 Eider Ct City State Zip Code FL 32308 FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary General Other (specify) ▼ Occupation Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		•		Zip Code	Transaction ID: SA11AI.41715
Name of Employer Abbott Northwestern Hosp Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) H. Margaret Neal, Dr. Mailing Address 1899 Eider Ct City State Zip Code Tallahassee FL 32308 FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary General Occupation Pathologist Amount of Each Receipt this Period Cocupation Pathologist Aggregate Year-to-Date ▼ 1000.00		•	MN	55407-3723	Amount of Each Receipt this Period
Abbott Northwestern Hosp 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 Y Y Y Y Y Y Y Y			C		1000.00
Primary General Other (specify) ▼ Date of Receipt		Name of Employer Abbott Northwestern Hosp			1
C. H. Margaret Neal, Dr. Mailing Address 1899 Eider Ct City State Zip Code Tallahassee FL 32308 FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / 2 0 1 1 Transaction ID: SA11Al.41716 Amount of Each Receipt this Period 1000.00		Primary General	Aggregate		
City Tallahassee FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary Other (specify) Aggregate Year-to-Date O 8 12 2 0 1 1 Transaction ID: SA11AI.41716 Amount of Each Receipt this Period 1000.00	- C.	,	1		Date of Receipt
Tallahassee FL 32308 FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 1000.00		Mailing Address 1899 Eider Ct			
FEC ID number of contributing federal political committee. Name of Employer KWB Pathology Associates Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		•		·	
Receipt For: Primary General Other (specify) ▼ Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00			FL	32308	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			C		1000.00
Primary General Other (specify) ▼ 1000.00		Name of Employer KWB Pathology Associates			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
·		SUBTOTAL of Receipts This Page (optional)	1		2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	d Statements may not be sold or used by any persithe name and address of any political committee to	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		
P. William Newman, Dr.		Date of Receipt
Mailing Address 4625 Taft Park		08 22 2011
City	State Zip Code	Transaction ID: SA11AI.41719
Metairie	LA 70002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer LSU Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Jeffrey Steven Ohsie, Dr.		Date of Receipt
Mailing Address 217 S Doheny Dr Ap	ot 5	08 09 2011
City	State Zip Code	Transaction ID: SA11AI.41720
Beverly Hills	CA 90211-2519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Inc	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) A Frances Owl-Smith, Dr.		Date of Receipt
Mailing Address 388 Flying Hawk Trl		08 26 2011
City	State Zip Code	Transaction ID: SA11AI.41722
Waynesville	NC 28786-6181	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Haywood Regional Med Ctr	Occupation Pathologists	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
)	1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Political Politics (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ray Matthew Plymyer, Dr. Mailing Address 506 Devonhall Ln City Cary FEC ID number of contributing federal political committee. Name of Employer Wake Med Ctr Receipt For: Primary General Other (specify)	State NC C Occupatio Patholog Aggregate		Date of Receipt M M Z 6 Z 0 1 1 Transaction ID: SA11AI.41725 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Richard Donald Pulitzer, Dr. Mailing Address 706 Green Valley Rd S City Greensboro FEC ID number of contributing federal political committee. Name of Employer Greensboro Pathology Assoc PA Receipt For: Primary General Other (specify)	State NC C Occupatio Patholog	Zip Code 27408-7043	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 2 3 2 0 1 1 Transaction ID: SA11Al.41727 Amount of Each Receipt this Period 1500.00
С.	Full Name (Last, First, Middle Initial) Mick Raich Mailing Address 111 Giles Ave Apt C City Blissfield FEC ID number of contributing federal political committee. Name of Employer Vachette Pathology Receipt For: Primary General Other (specify)	State MI C Occupatio unknown Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.41730 Amount of Each Receipt this Period 210.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	2710.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	Check only one
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sing the name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologist	<u> </u>		
Full Name (Last, First, Middle Initial) E. Ronald Rocha, Dr.			Date of Receipt
Mailing Address 3701 S Higuera	St Ste 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Luis Obispo	State Zip CA 934	Code 401	Transaction ID: SA11AI.41731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Central Coast Pathology Consultants	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Rene Rone			Date of Receipt
Mailing Address 21 Villa Verde			08 15 2011
City	•	Code	Transaction ID: SA11AI.41732
San Antonio FEC ID number of contributing federal political committee.	TX 782	230-2756	Amount of Each Receipt this Period 1000.00
Name of Employer unaffiliated	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼	
Full Name (Last, First, Middle Initial) Gerard Stephen Ruby, Dr.	I		Date of Receipt
Mailing Address 8 Todor Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burr Ridge	State Zip IL 605	Code 527	Transaction ID: SA11AI.41733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Palos Community Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 25 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) M. Marion Rundell, Dr. Mailing Address Path PO Box 58744 City Houston FEC ID number of contributing	State TX	Zip Code 77258	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Clear Lake Pathology Part- ners LTD Receipt For: Primary Other (specify) ▼	Occupation Patholog]
Full Name (Last, First, Middle Initial) J Assad Saad, Dr. Mailing Address 221 W Colorado Blv. City Dallas FEC ID number of contributing federal political committee.	d Ste 218 State TX	Zip Code 75203	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 3 0 2 0 1 1 Transaction ID: SA11AI.41735 Amount of Each Receipt this Period 1000.00
Name of Employer Methodist Dallas Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate]
Full Name (Last, First, Middle Initial) W Ross Simpson, Dr. Mailing Address Dept of Path 6500 Excelsior Blvd City St Louis Pk FEC ID number of contributing federal political committee.	State MN	Zip Code 55426-4700	Date of Receipt M M
Name of Employer Methodist Hosp Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate]
SUBTOTAL of Receipts This Page (optional))	_	1642.86

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	College of American Pathologists Polit	ical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) R. Jami Skrade, Dr.			Date of Receipt
	Mailing Address 4672 S Farm Rd 193	Stata	Zip Code	0 8 / 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rogersville	State MO	65742-9290	Transaction ID: SA11AI.41744 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Trilakes Pathology	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) E. Charles Slonaker, Dr.			Date of Receipt
	Mailing Address 24410 Oaklawn Planta	tion Rd		08 26 2011
	City	State	Zip Code	Transaction ID: SA11AI.41745
	Pass Christian	MS	39571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Garden Park Medical Center	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
С. С.	Full Name (Last, First, Middle Initial) J Joseph Sreenan, Dr.			Date of Receipt
	Mailing Address Dept of Path 750 W High St Ste 400		7.0	08 23 2011
	City Lima	State OH	Zip Code 45801-2967	Transaction ID: SA11AI.41748 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Rita's Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 25 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	d Statements may not be sold or used by any personant the name and address of any political committee to continuous Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
/	United Action Committee	
Full Name (Last, First, Middle Initial) C Brent Staggs, Dr.		Date of Receipt
Mailing Address 54 Heritage Park Ci	r	08 09 2011
City	State Zip Code	Transaction ID: SA11AI.41750
North Little Rock	AR 72116-8568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Labs of Arkansas	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.		Date of Receipt
Mailing Address 2201 Carbon Hill Di	ſ	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.41756
Midlothian	VA 23113-2516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Commonwealth Lab Consulta- nts	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) E Kryder Van Buskirk, Dr.		Date of Receipt
Mailing Address PO Box 1766		08 03 YYYY 08 03 2011
City	State Zip Code	Transaction ID: SA11AI.41757
<u>Danville</u>	KY 40423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ephraim McDowell Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	l)	875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 25 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr. Mailing Address 3445 Executive Ctr	Dr	Date of Receipt
City Austin FEC ID number of contributing	State Zip Code TX 78731	Transaction ID: SA11AI.41758 Amount of Each Receipt this Period 200.00
Receipt For: Primary Other (specify) ▼ Rederal political committee. Replayer Clinical Path Associates General General	Occupation Pathologist Aggregate Year-to-Date ▼ 4200.00]
Full Name (Last, First, Middle Initial) Layne Stephen Walter, Dr. Mailing Address 801 Clarksville Ste	C	Date of Receipt M
City Paris FEC ID number of contributing	State Zip Code TX 75460	Transaction ID: SA11AI.41759 Amount of Each Receipt this Period 5000.00
Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-to-Date 5000.00	
Full Name (Last, First, Middle Initial) Brian Watson Mailing Address 1 Riverside Ctr Ste	105	Date of Receipt
City Roanoke FEC ID number of contributing federal political committee.	State Zip Code VA 24083	Transaction ID: SA11AI.41761 Amount of Each Receipt this Period 250.00
Name of Employer Dominion Pathology Associates Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	5450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Le Michael Woltman, Dr. Mailing Address 1911 1st Ave SE City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Weland Clinical Lab PC Receipt For: Primary General Other (specify)	State Zip Code IA 52403 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Changgao Yang Mailing Address 3020 Old Ranch Pkw City Seal Beach FEC ID number of contributing federal political committee. Name of Employer Sterling Pathology Med Corp Receipt For:	y Ste 300 State Zip Code CA 90740-2751 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M C C C C C C C C C C C C C C C C C
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J Louis Zinterhofer, Dr. Mailing Address Dept of Path 300 Second Ave City Long Branch FEC ID number of contributing federal political committee. Name of Employer Monmouth Med Ctr	State Zip Code NJ 07740 C Occupation Pathologist	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 7 2 0 1 1 Transaction ID: SA11AI.41766 Amount of Each Receipt this Period 3000.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date 3000.00	7000.00

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 25 / 25 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: SB21B.41767 Sun Trust Bank Date of Disbursement 03 0 8 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 21.95 Purpose of Disbursement Moneris ACH Discount Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.41768 Sun Trust Bank Date of Disbursement 18 0 8 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 50.50 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

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