

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW
Suite 590
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2011 through 08 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 09 19 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		388632.97
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31)	72.45	251568.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	465578.85	465578.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	48263.86	248048.72
(ii) Unitemized	4760.00	79115.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53023.86	327164.58
(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)	53023.86	327164.58
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	1350.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	53023.86	328514.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53023.86	328514.58

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	250718.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	282.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72.45	251568.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72.45	251568.70

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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.

Full Name (Last, First, Middle Initial) Lawrence Ariano		Date of Receipt MM / DD / YYYY 08 / 26 / 2011
Mailing Address Department of Pathology 25 North Winfield Road		Transaction ID: SA11AI.41634
City Winfield	State Zip Code IL 60190	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Central DuPage Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 2400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Joseph Karl Blessinger, Dr.		Date of Receipt MM / DD / YYYY 08 / 22 / 2011
Mailing Address Department of Pathology 172 4th Street SE		Transaction ID: SA11AI.41644
City Huron	State Zip Code SD 57350	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Huron Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) P. Eleni Boutsos, Dr.		Date of Receipt MM / DD / YYYY 08 / 22 / 2011
Mailing Address 5101 S Willow Springs Rd		Transaction ID: SA11AI.41647
City LaGrange	State Zip Code IL 60525	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer LaGrange Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Z. Rafael Campanini, Dr.

Mailing Address Department of Pathology
1044 N Francisco St

City State Zip Code
Chicago IL 60622-2794

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Norwegian American Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 22 / 2011

Transaction ID: SA11AI.41648

Amount of Each Receipt this Period 36.00

B.

Full Name (Last, First, Middle Initial)
J. Thomas Carroll, Dr.

Mailing Address St. Luke's Reg. Med. Ctr.
Pathology Department

City State Zip Code
Sioux City IA 51104

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St. Luke's Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2011

Transaction ID: SA11AI.41649

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
J. Carmine Cerra, Dr.

Mailing Address Department of Pathology
206 E. Brown Street

City State Zip Code
East Stroudsburg PA 18301

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pocono Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 22 / 2011

Transaction ID: SA11AI.41651

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 1136.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 25
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) C. Philip Chen, Dr.		Date of Receipt		
	Mailing Address Dept of Path CRB 1422 1120 NW 14th St		M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.41653	
	Miami	FL	33136-2107		
	FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period
	Name of Employer University of Miami		Occupation Pathologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		500.00			

B.	Full Name (Last, First, Middle Initial) A. Jerrold Clark, Dr.		Date of Receipt		
	Mailing Address 2275 Northwest Pkwy SE Ste 140		M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.41655	
	Marietta	GA	30067-9319		
	FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period
	Name of Employer Ameripath Atlanta		Occupation Pathologist		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		250.00			

C.	Full Name (Last, First, Middle Initial) Scott Bradford Collins, Dr.		Date of Receipt		
	Mailing Address 955 Ribaut Rd		M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.41656	
	Beaufort	SC	29902-5441		
	FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period
	Name of Employer Beaufort Mem Hosp		Occupation Pathologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 25
(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. Full Name (Last, First, Middle Initial)
Lee Michele Cooley, Dr.

Mailing Address Path Laboratory
701 10th St SE

City Cedar Rapids State IA Zip Code 52403-1251

FEC ID number of contributing federal political committee. C

Name of Employer Mercy Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2011
Transaction ID: SA11AI.41658
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City Long Beach State CA Zip Code 90815-4129

FEC ID number of contributing federal political committee. C

Name of Employer Centinela Hosp Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 22 / 2011
Transaction ID: SA11AI.41659
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
A. Craig Dise, Dr.

Mailing Address Department of Pathology
100 Madison Ave

City Morristown State NJ Zip Code 07960

FEC ID number of contributing federal political committee. C

Name of Employer Morristown Memorial Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 26 / 2011
Transaction ID: SA11AI.41664
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Cox Carol Eisenhut, Dr.

Mailing Address 9550 Zionsville Rd Ste 200

City State Zip Code
Indianapolis IN 46268-1065

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

Name of Employer Occupation
DCL Medical Laboratories,- Pathologist
LLC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.41666

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address Department of Pathology
8118 Good Luck Road

City State Zip Code
Lanham MD 20706-3595

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

Name of Employer Occupation
Doctors Community Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.41667

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address Department of Pathology
1800 East Lakeshore Drive

City State Zip Code
Decatur IL 62521-2521

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

Name of Employer Occupation
St. Mary's Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.41670

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) P Steven Goetz, Dr.		Date of Receipt	
	Mailing Address Dept of Path 1000 Fourth St SW		M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 1 1	
	City State Zip Code Mason City IA 50401-2800		Transaction ID: SA11AI.41674	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
	Name of Employer Occupation Mercy Med Ctr-North Iowa Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr.		Date of Receipt	
	Mailing Address Dept of Path 1350 E Market St		M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 1 1	
	City State Zip Code Warren OH 44482		Transaction ID: SA11AI.41676	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Trumbull Memorial Hosp Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) S. Thomas Haas, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 1000 Mineral Point Ave		M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 1 1	
	City State Zip Code Janesville WI 53548		Transaction ID: SA11AI.41677	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
	Name of Employer Occupation Mercy Hosp Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
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 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
V. William Harrer, Dr.

Mailing Address 129 The Mews

City Haddonfield State NJ Zip Code 08033-1344

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

Name of Employer Our Lady of Lourdes Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 03 / 2011
Transaction ID: SA11AI.41678
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
N. Gene Herbek, Dr.

Mailing Address The Pathology Center
8303 Dodge St

City Omaha State NE Zip Code 68114

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 15 / 2011
Transaction ID: SA11AI.41681
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
S. Herman Hurwitz, Dr.

Mailing Address 1004 Annapolis Lane

City Cherry Hill State NJ Zip Code 08003-8003

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

Name of Employer Quest Diagnostics Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2011
Transaction ID: SA11AI.41689
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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 13 / 25
(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. Full Name (Last, First, Middle Initial)
M. Darlene Lee, Dr.
Mailing Address 1200 N Beaver
City State Zip Code
Flagstaff AZ 86001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Flagstaff Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 08 / 26 / 2011
Transaction ID: SA11AI.41698
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
K W David Lieu, Dr.
Mailing Address 837 Country Rd.
City State Zip Code
Monterey Park CA 91755-4976
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fine Needle Aspiration Med Group Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 08 / 26 / 2011
Transaction ID: SA11AI.41699
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
L Richard Lozano, Dr.
Mailing Address Dept of Path
290 Big Run Rd
City State Zip Code
Lexington KY 40502
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pathology & Cytology Labs Inc Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 08 / 26 / 2011
Transaction ID: SA11AI.41700
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 5000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 25
	<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.	Full Name (Last, First, Middle Initial) E Charles Mangum, Dr.	Date of Receipt MM / DD / YYYY 08 / 26 / 2011
	Mailing Address 7501 Lakeview Pkwy Ste 160	Transaction ID: SA11AI.41702
	City State Zip Code Rowlett TX 75088	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Texas Path Labs Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) A. Carlos Mattioli, Dr.	Date of Receipt MM / DD / YYYY 08 / 26 / 2011
	Mailing Address 900 S. Bryan Rd.	Transaction ID: SA11AI.41705
	City State Zip Code Mission TX 78572	Amount of Each Receipt this Period 1100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mission Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) E. John McDonald, Dr.	Date of Receipt MM / DD / YYYY 08 / 26 / 2011
	Mailing Address Dept of Pathology 4401 Booth Calloway	Transaction ID: SA11AI.41706
	City State Zip Code North Richland Hil TX 76180	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Hills Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3600.00
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 15 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Daniel Michael McEachin, Dr.

Mailing Address #1105
285 Centennial Olympic Pk Dr

City State Zip Code
Atlanta GA 30313

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

Name of Employer Occupation
Piedmont Newnan Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.41707

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
D. John Milam, Dr.

Mailing Address Dept of Path and Lab Med
6431 Fannin St

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
Unaffiliated Pathologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.41710

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
T Ann Moriarty, Dr.

Mailing Address 3643 Delaware Commons S Dr

City State Zip Code
Indianapolis IN 46220-3743

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

Name of Employer Occupation
AmeriPath Indiana Pathologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.41713

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) W. Dwight Morrow, Dr.		Date of Receipt		
	Mailing Address Department of Pathology 801 S Washington		M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 1 1		
	City Naperville	State IL	Zip Code 60566-7060	Transaction ID: SA11AI.41714	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Edward Hosp	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

B.	Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani		Date of Receipt		
	Mailing Address Dept Of Path Internal Zip 11136 800 E 28th St		M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 1 1		
	City Minneapolis	State MN	Zip Code 55407-3723	Transaction ID: SA11AI.41715	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Abbott Northwestern Hosp	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1000.00

C.	Full Name (Last, First, Middle Initial) H. Margaret Neal, Dr.		Date of Receipt		
	Mailing Address 1899 Eider Ct		M M / D D / Y Y Y Y Y 0 8 / 1 2 / 2 0 1 1		
	City Tallahassee	State FL	Zip Code 32308	Transaction ID: SA11AI.41716	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer KWB Pathology Associates	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
P. William Newman, Dr.

Mailing Address 4625 Taft Park

City State Zip Code
Metairie LA 70002

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

Name of Employer Occupation
LSU Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011

Transaction ID: SA11AI.41719

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey Steven Ohsie, Dr.

Mailing Address 217 S Doheny Dr Apt 5

City State Zip Code
Beverly Hills CA 90211-2519

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

Name of Employer Occupation
Pathology Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2011

Transaction ID: SA11AI.41720

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A Frances Owl-Smith, Dr.

Mailing Address 388 Flying Hawk Trl

City State Zip Code
Waynesville NC 28786-6181

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

Name of Employer Occupation
Haywood Regional Med Ctr Pathologists

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2011

Transaction ID: SA11AI.41722

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 18 / 25
(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. Full Name (Last, First, Middle Initial)
Ray Matthew Plymyer, Dr.
Mailing Address 506 Devonhall Ln

City State Zip Code
Cary NC 27518-2658

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

Name of Employer Occupation
Wake Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2011
Transaction ID: SA11AI.41725
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard Donald Pulitzer, Dr.
Mailing Address 706 Green Valley Rd Ste 104

City State Zip Code
Greensboro NC 27408-7043

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

Name of Employer Occupation
Greensboro Pathology Assoc PA Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2011
Transaction ID: SA11AI.41727
Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mick Raich
Mailing Address 111 Giles Ave Apt C

City State Zip Code
Blissfield MI 49228-1290

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

Name of Employer Occupation
Vachette Pathology unknown

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1260.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011
Transaction ID: SA11AI.41730
Amount of Each Receipt this Period
210.00

SUBTOTAL of Receipts This Page (optional) ► 2710.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

E. Ronald Rocha, Dr.

Mailing Address 3701 S Higuera St Ste 200

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer
Central Coast Pathology
Consultants

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
0 8 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.41731

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rene Rone

Mailing Address 21 Villa Verde

City State Zip Code
San Antonio TX 78230-2756

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

Name of Employer
unaffiliated

Occupation
Pathologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.41732

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gerard Stephen Ruby, Dr.

Mailing Address 8 Todor Ct

City State Zip Code
Burr Ridge IL 60527

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

Name of Employer
Palos Community 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
0 8 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.41733

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 20 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) M. Marion Rundell, Dr.		Date of Receipt MM / DD / YYYY 08 / 22 / 2011		
	Mailing Address Path PO Box 58744		Transaction ID: SA11AI.41734		
	City Houston	State TX	Zip Code 77258	Amount of Each Receipt this Period 142.86	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Clear Lake Pathology Partners LTD	Occupation Pathologist	Aggregate Year-to-Date 428.58		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) J Assad Saad, Dr.		Date of Receipt MM / DD / YYYY 08 / 30 / 2011		
	Mailing Address 221 W Colorado Blvd Ste 218		Transaction ID: SA11AI.41735		
	City Dallas	State TX	Zip Code 75203	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Methodist Dallas Medical Center	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) W Ross Simpson, Dr.		Date of Receipt MM / DD / YYYY 08 / 22 / 2011		
	Mailing Address Dept of Path 6500 Excelsior Blvd		Transaction ID: SA11AI.41743		
	City St Louis Pk	State MN	Zip Code 55426-4700	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1642.86
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 25
(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. Full Name (Last, First, Middle Initial)
R. Jami Skrade, Dr.
Mailing Address 4672 S Farm Rd 193
City Rogersville State MO Zip Code 65742-9290
FEC ID number of contributing federal political committee. **C**
Name of Employer Trilakes Pathology Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 10 / 2011
Transaction ID: SA11AI.41744
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
E. Charles Slonaker, Dr.
Mailing Address 24410 Oaklawn Plantation Rd
City Pass Christian State MS Zip Code 39571
FEC ID number of contributing federal political committee. **C**
Name of Employer Garden Park Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 26 / 2011
Transaction ID: SA11AI.41745
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
J Joseph Sreenan, Dr.
Mailing Address Dept of Path 750 W High St Ste 400
City Lima State OH Zip Code 45801-2967
FEC ID number of contributing federal political committee. **C**
Name of Employer St Rita's Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 23 / 2011
Transaction ID: SA11AI.41748
Amount of Each Receipt this Period 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**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 25
(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. Full Name (Last, First, Middle Initial)
C Brent Staggs, Dr.
Mailing Address 54 Heritage Park Cir
City North Little Rock State AR Zip Code 72116-8568
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Labs of Arkansas Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 09 / 2011
Transaction ID: SA11AI.41750
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Winbern John Turner, Dr.
Mailing Address 2201 Carbon Hill Dr
City Midlothian State VA Zip Code 23113-2516
FEC ID number of contributing federal political committee. **C**
Name of Employer Commonwealth Lab Consultants Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 08 / 22 / 2011
Transaction ID: SA11AI.41756
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
E Kryder Van Buskirk, Dr.
Mailing Address PO Box 1766
City Danville State KY Zip Code 40423
FEC ID number of contributing federal political committee. **C**
Name of Employer Ephraim McDowell Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 03 / 2011
Transaction ID: SA11AI.41757
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 875.00
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 23 / 25
(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. Full Name (Last, First, Middle Initial)
Ellen Emily Volk, Dr.
Mailing Address 3445 Executive Ctr Dr
City Austin State TX Zip Code 78731
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Path Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4200.00
Date of Receipt 08 / 22 / 2011
Transaction ID: SA11AI.41758
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Layne Stephen Walter, Dr.
Mailing Address 801 Clarksville Ste C
City Paris State TX Zip Code 75460
FEC ID number of contributing federal political committee. **C**
Name of Employer Red River Valley Path Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 08 / 23 / 2011
Transaction ID: SA11AI.41759
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Brian Watson
Mailing Address 1 Riverside Ctr Ste 105
City Roanoke State VA Zip Code 24083
FEC ID number of contributing federal political committee. **C**
Name of Employer Dominion Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 03 / 2011
Transaction ID: SA11AI.41761
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 5450.00
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 24 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Le Michael Woltman, Dr.

Mailing Address 1911 1st Ave SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer Weland Clinical Lab PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 23 / 2011
Transaction ID: SA11AI.41764
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Changgao Yang

Mailing Address 3020 Old Ranch Pkwy Ste 300

City Seal Beach State CA Zip Code 90740-2751

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

Name of Employer Sterling Pathology Med Co-rp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 08 / 26 / 2011
Transaction ID: SA11AI.41765
Amount of Each Receipt this Period: 3000.00

C.

Full Name (Last, First, Middle Initial)
J Louis Zinterhofer, Dr.

Mailing Address Dept of Path
300 Second Ave

City Long Branch State NJ Zip Code 07740

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

Name of Employer Monmouth Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 08 / 17 / 2011
Transaction ID: SA11AI.41766
Amount of Each Receipt this Period: 3000.00

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	48263.86

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)

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<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

A. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Moneris ACH Discount Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.41767 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2011
	Amount of Each Disbursement this Period 21.95
B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.41768 Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2011
	Amount of Each Disbursement this Period 50.50

SUBTOTAL of Disbursements This Page (optional)	72.45
TOTAL This Period (last page this line number only)	72.45