04/18/2011 11:07

Image# 11930711471

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For O	ther Than An	Authorized Com	nmittee		Office Use Only
NAME OF COMMITTEE (in full)		EC MAILING LAB	EL Example:If over the lin	typing, type es		
College of American		litical Action Comm	ittee			
	<u> </u>	1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	
ADDRESS (number and st	reet) L   Suit	te 590				
Check if different than previously reported. (ACC)	ı Wa	shington			DC	20005
2. <b>FEC IDENTIFICATI</b>	ON NUMBER	<b>~</b>	CITY 🛕		STATE	ZIPCODE 🛕
C00274944		3	S. IS THIS X	NEW (N) OR	AMI (A)	ENDED
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report April 15 Quarterly F Quarterly F Quarterly F Quarterly F Quarterly F January 31 Quarterly F July 31 Min Report(Non Year Only) Terminatio (TER)	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	(d) 30-Day Post -Electic Report for th	e: Converse lection on General	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  y (12P)  ntion (12C)	Sep 2	in the State of
5. Covering Period	03	01 2011		ough 03	3 1	2011
I certify that I have examin Type or Print Name of Tre		and to the best of m . Renee R. Ellerbro	-	ef it is true, correc	t and complete.	
Signature of Treasurer	Electronically F	Filed by Dr. Rene	e R. Ellerbroek		Date 04	18 2011
NOTE : Submission of fa	lse, erroneous, o	or incomplete inform	nation may subject the	e person signing th	nis Report to the p	penalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2011 Y Y Y		388632.97
	(b) Cash on Hand at Begining of Reporting Period	334505.97	
	(c) Total Receipts (from Line 19)	84245.00	133261.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	418750.97	521893.97
	Total Disbursements (from Line 31)	73067.25	176210.25
•	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	345683.72	345683.72
•	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule 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 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 62402.00 100552.00 (i) Itemized (use Schedule A) ...... 21843.00 33359.00 (ii) Unitemized ..... (iii) TOTAL (add 84245.00 133911.00 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 84245.00 133911.00 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 -650.00 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), 84245.00 133261.00 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 84245.00 133261.00

FE6AN026

(subtract Line 18(c) from Line 19) .....

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 67.25 210.25 Expenditures..... **Total Operating Expenditures** 67.25 210.25 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 73000.00 175718.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) ..... 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 282.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 73067.25 176210.25 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 73067.25 176210.25

### **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)	84245.00	133911.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	84245.00	133911.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	67.25	210.25
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	67.25	210.25

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 56 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin 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	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Folitical Action Committee	
Omar Nabil Ali, Dr.  Mailing Address Dept. of Patholog 4201 Medical Cer		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.40436
<u>McHenry</u>	IL 60050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Centegra-Memorial Medical Center	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Paul Bachner	<u> </u>	Date of Receipt
Mailing Address Dept of Path & La MS 119		03 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.40712
Lexington  FEC ID number of contributing federal political committee.	KY 40536-0298	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Kentucky Hosp	Occupation Pathologist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) W Jessica Beier, Dr.		Date of Receipt
Mailing Address 1105 20th St E		03 / 03 / 2011
City	State Zip Code	Transaction ID: SA11AI.40700
<u>Tifton</u>	GA 31794-3668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tifton Pathological Srvcs PC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	nal)	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 56 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) A. Jane Bennett-Munro, Dr.  Mailing Address PO Box 409 650 Addison Ave W  City Twin Falls  FEC ID number of contributing	State ID	Zip Code 83301	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary  Other (specify)	Occupation Patholog		
<b>—</b> В.	Full Name (Last, First, Middle Initial) E. Marian Bensema, Dr.  Mailing Address Department of Patholo 1740 Nicholasville Rd.  City Lexington  FEC ID number of contributing	State KY	Zip Code 40503	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	receipt For:  Primary  Other (specify)	Occupation Patholog Aggregate		1000.00
 C.	Full Name (Last, First, Middle Initial) F. Peter Bernhardt, Dr.  Mailing Address Department of Patholo 800 Biesterfield Rd  City Elk Grove Village  FEC ID number of contributing federal political committee.	State IL	Zip Code 60007-3397	Date of Receipt  M M M O 3 O 4 2 0 1 1  Transaction ID: SA11AI.40383  Amount of Each Receipt this Period  1000.00
	Name of Employer Alexian Brothers Med Ctr  Receipt For: Primary Other (specify)	Occupation Patholog Aggregate		
[;	SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	2250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 8 / 56 (check only one)    X
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be name and address of	sold or used by any perso 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 Po	litical Action Commi	ttee	
۷.	Full Name (Last, First, Middle Initial) L Robert Bernstein, Dr.			Date of Receipt
	Mailing Address Dept of Path 855 N Westhaven Dr			03 / 04 / 2011
	City <u>Oshkosh</u>		Oode 904	Transaction ID: SA11AI.40396  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Aurora Med Ctr of Oshkosh Inc	Occupation Pathologist		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) M lan Birkett, Dr.			Date of Receipt
	Mailing Address 1 St Vincent Cir #160			03 03 YYYYY 2011
	City	· · · · · · · · · · · · · · · · · · ·	Code	Transaction ID: SA11AI.40393
	Little Rock	AR 72	205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Arkansas Pathology Associ- ates	Occupation Pathologist		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 500.00	]
_	Full Name (Last, First, Middle Initial) G. Jared Block, Dr.			Date of Receipt
	Mailing Address 2928 Forest Park Dr			03 03 2011
	City	·	Code	Transaction ID: SA11AI.40435
	Charlotte FEC ID number of contributing federal political committee.	NC 28	209-1402	Amount of Each Receipt this Period  1000.00
	Name of Employer Carolinas Med Ctr - Unive- rsity	Occupation Pathologist		
	Receipt For: Primary General	Aggregate Year-to	-Date ▼	
	Other (specify)		1000.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00

ITEMIZED RECEIPTS	38)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/56   (check only one)     X   11a
Any information copied from such Reports or for commercial purposes, other than us	and Statements may	y not be sold or used by any perso dress 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	s Political Action (	Committee	
Full Name (Last, First, Middle Initial) Joy Teri Bohlmeyer, Dr.			Date of Receipt
Mailing Address 156 Vilulah Chur	ch Rd		03 18 2011
City Coleman	State GA	Zip Code 39836-4412	Transaction ID: SA11AI.40616  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Physicians Lab of NW Iowa	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ann Marylee Braniecki, Dr.			Date of Receipt
Mailing Address 2078 Fargo Blvd			0 3 0 4 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.40376
Geneva	IL	60134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ACL Illinois Central Labo-	Occupation Patholog		
<u>ratory</u> Receipt For:		e Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Hugo Jerry Broman, Dr.	I		Date of Receipt
Mailing Address 1005 Byers Ave			03 04 2011
City	State	Zip Code	Transaction ID: SA11AI.40442
Chambersburg	PA	17201-3817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Chambersburg Hospital	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	365.00	
SUBTOTAL of Receipts This Page (optic	anal)		1865.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 56 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any pusing the name and address of any political committee sts Political Action Committee	person for the purpose of soliciting contributions se to solicit contributions from such committee.
Full Name (Last, First, Middle Initial D Linda Burkhardt, Dr.  Mailing Address 151 S 297th P  City Federal Way  FEC ID number of contributing federal political committee.  Name of Employer Puget Sound Inst of Pathology PLLC  Receipt For: Primary General Other (specify)	State Zip Code WA 98003-3629  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 3
Full Name (Last, First, Middle Initial W. Jeff Byrd, Dr.  Mailing Address Laboratory Gordon Ave at City Thomasville  FEC ID number of contributing federal political committee.  Name of Employer John D. Archbold Memorial Hosp Receipt For: Primary General Other (specify)	Mimosa Dr PO Box 101 State Zip Code GA 31799-1018  C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 11 2011  Transaction ID: SA11AI.40528  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial R Brian Carlson, Dr.  Mailing Address 4733 Andrew City  Hermitage  FEC ID number of contributing federal political committee.  Name of Employer Pathologists Laboratory, PC  Receipt For:  Primary General Other (specify)	ackson Pkwy Ste G1  State Zip Code TN 37076  C  Occupation Pathologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 / 25 / 2011  Transaction ID: SA11AI.40599  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (c	otional)	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 56 (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	tatements ma 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.
	NAME OF COMMITTEE (In Full) College of American Pathologists Political Pathologists Pathologists Pathologists Political Pathologists Patholo	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) K. David Carter, Dr.			Date of Receipt
	Mailing Address Department of Patholo 407 E. 3rd St.			03 / 11 / 2011
	City Duluth	State MN	Zip Code 55805	Transaction ID: SA11AI.40684  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer St. Mary's/Duluth Clinic Health System Receipt For:	Occupation Pathology Aggregate		
	Primary General Other (specify) ▼	7 iggi ogaic	500.00	
В.	Full Name (Last, First, Middle Initial) J Stephen Cina, Dr.  Mailing Address 640 SW 167th Way			Date of Receipt
	City	State	Zip Code	0 3 0 3 2 0 1 1 Transaction ID: SA11AI.40425
	Pembroke Pines	FL	33027-1044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Broward County Med Examin- er	Occupation Pathologo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Nicholas Patrick Costello, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 400 N State of Franklin	n Rd		03 08 2011
	City Johnson City	State TN	Zip Code 37604	Transaction ID: SA11AI.40741  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Johnson City Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	, <del>'</del>	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1250.00
f	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 56 (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 Poli	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. James Craig, Dr.  Mailing Address Pathology Department 900 East Oak Hill Ave City Knoxville  FEC ID number of contributing federal political committee.  Name of Employer St. Mary's Health System  Receipt For: Primary General Other (specify)	State TN C Occupatior Pathologi		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.40523  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) L. Jeffrey Craver, Dr.  Mailing Address Dept of Pathology 200 Portland St  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Boyce & Bynum Pathology Labs PC Receipt For:  Primary General Other (specify)	State MO C Occupatior Pathologi Aggregate		Date of Receipt  M M M O 3 O 3 2 0 1 1  Transaction ID: SA11AI.40423  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) A Barbara Crothers, Col  Mailing Address Building#2 Rm 4722 6900 Georgia Ave NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer Walter Reed Army Med Ctr  Receipt For: Primary General Other (specify)	State DC  C  Occupation Pathologi		Date of Receipt  M M M O 3 2 0 1 1  Transaction ID: SA11AI.40740  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page    FOR LINE NUMBER:   PAGE 13/56
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or the name and address of any po	r used by any person for the purpose of soliciting contributions olitical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) W Abby Davis, Dr.		Date of Receipt
Mailing Address 1001 S George St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City York	State Zip Code PA 17403-36	
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Ramon Fernando De Castro, Dr.	l .	Date of Receipt
Mailing Address 250 Fountain Ct		0 3 1 1 1 2 0 1 1
City	State Zip Code KY 40509-18	1141194611111
Lexington  FEC ID number of contributing federal political committee.	KY 40509-18	Amount of Each Receipt this Period  250.00
Name of Employer Dermatopathology Reference	Occupation Pathologist	
Lab Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr.		Date of Receipt
Mailing Address Laboratory 6100 Harris Parkwa	У	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ft Worth	State Zip Code TX 76132	Transaction ID: SA11AI.40499  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Harris Methodist Southwest	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	500.00
		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14/56   (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 person dress 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) E. Rosemary Detweiler, Dr.			Date of Receipt
Mailing Address Department of Path 6100 Harris Pkwy	nology		03 / 03 / 2011
City	State	Zip Code	Transaction ID: SA11AI.40500
Ft Worth  FEC ID number of contributing federal political committee.	C	76132	Amount of Each Receipt this Period 500.00
Name of Employer Harris Methodist Southwest	Occupation Pathologic		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) A Matthew Dress, Dr.	I		Date of Receipt
Mailing Address 7550 Wolf River Blv	vd Ste 200		03 / 18 / 2011
City	State	Zip Code	Transaction ID: SA11AI.40703
Germantown	TN	38138-1778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Trumbull Laboratories, LLC	Occupation Pathologic		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Jeffrey Eisenstein			Date of Receipt
Mailing Address Dept of Path 1364 Clifton Rd NE			03 / 03 / 2011
City	State	Zip Code	Transaction ID: SA11AI.40481
Atlanta	GA	30322-1059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emory Univ Hosp	Occupation Pathologic		
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
			800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 56 (check only one)    X
	nd Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Committee	
Full Name (Last, First, Middle Initial) M. Margaret Flanagan, Dr.		Date of Receipt
Mailing Address 50 Kenwood Road  City	State Zip Code	0 3 1 8 2 0 1 1 Transaction ID: SA11AI.40690
Chambersburg	PA 17201-1256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer The Chambersburg Hospital	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) P. Edward Fody, Dr. Mailing Address Laboratory		Date of Receipt
602 Michigan Ave		03 15 2011
City	State Zip Code	Transaction ID: SA11AI.40509
Holland  FEC ID number of contributing federal political committee.	MI 49423	Amount of Each Receipt this Period  1000.00
Name of Employer Holland Community Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lee Cynthia Foss-Bowman, Dr.		Date of Receipt
Mailing Address PO Box 61		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.40760
West Rockport  FEC ID number of contributing federal political committee.	ME 04865-0061	Amount of Each Receipt this Period  600.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	I)	2100.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/56   (check only one)   X   11a
or for commercial purposes,	other than using the name and add	y not be sold or used by any persod dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE College of American F	(In Full) Pathologists Political Action (	Committee	
Full Name (Last, First, Mic Kathryn Foucar	ddle Initial)		Date of Receipt
Mailing Address Hema	topathology Woodward PI NE		03 / 11 / 2011
City	State	Zip Code	Transaction ID: SA11Al.40701
Albuquerque	NM	87102	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer Univ of New Mexico Sch of Med	Occupation Patholog		
Receipt For:  Primary G  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Mid Jane Marla Franks, Dr.	ddle Initial)		Date of Receipt
	atory Austell Road		03 / 29 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.40742
Austell	GA	30106	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer Wellstar Cobb Hosp	Occupatio Patholog		
Receipt For:  Primary G  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
Full Name (Last, First, Mic C. Richard Friedberg, Dr.	ddle Initial)		Date of Receipt
Mailing Address Chairr 759 C	nan, Dept of Pathology hestnut St		03 / 08 / 19 2011
City	State	Zip Code	Transaction ID: SA11AI.40406
Springfield	MA	01199	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	. "		1000.00
Name of Employer Baystate Med Ctr	Occupatio Patholog		
Receipt For:		e Year-to-Date ▼	
Primary Go Other (specify) ▼	eneral	1000.00	
			1500.00

SCHEDULE A ( ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied f or for commercial purpor	rom such Reports and Statements m ses, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMIT  College of Americ	TEE (In Full) an Pathologists Political Action	Committee	
Full Name (Last, Firs H. Keith Fulling, Dr.	t, Middle Initial)		Date of Receipt
Mailing Address Do	epartment of Lab Medicine 5 South New Ballas Road		03 / 04 / 2011
City	State	Zip Code	Transaction ID: SA11AI.40669
St Louis FEC ID number of co federal political comm		63141-8277	Amount of Each Receipt this Period  250.00
Name of Employer St. Johns Mercy Med	Occupati Patholo		
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 250.00	
	epartment of Pathology		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	59 Chestnut Street State	Zip Code	Transaction ID: SA11AI.40407
Springfield	MA	01199	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer Baystate Med Ctr	Occupati Patholo		
Receipt For: Primary Other (specify)	General	tte Year-to-Date ▼ 250.00	
Full Name (Last, Firs J. Alexandra Gillespie,			Date of Receipt
Mailing Address 31	111 Beverly Dr		03 / 04 / 2011
City	State	Zip Code	Transaction ID: SA11AI.40598
Dallas  FEC ID number of co federal political comm		75205-2922	Amount of Each Receipt this Period  1100.00
Name of Employer PathAdvantage Asso	Occupati Patholo		
Receipt For: Primary Other (specify)	General Aggrega	te Year-to-Date ▼	
SUBTOTAL of Receipt	I		1600.00

ITEMIZED RECE	FEC Form 3X) EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 18/56   (check only one)
Any information copied fror for commercial purpos	om such Reports and Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITT			
Full Name (Last, First F. Eric Glassy, Dr.	, Middle Initial)		Date of Receipt
	951 Mariner Ave Ste 160		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Torrance	State CA	Zip Code 90503-1738	Transaction ID: SA11AI.40380  Amount of Each Receipt this Period
FEC ID number of confederal political comm	ntributing	00000 1700	600.00
Name of Employer Little Company of Marsp-Torrance Receipt For: Primary	Aggregate General		1
Full Name (Last, First A Gary Gochman, Dr. Mailing Address La	Middle Initial)		Date of Receipt
•	33 E Imperial Hwy State	Zip Code	0 3 2 3 2 0 1 1 Transaction ID: SA11AI.40532
Downey	CA	90242-2812	Amount of Each Receipt this Period
FEC ID number of confederal political comm			250.00
Name of Employer Kaiser Downey Medic ter	al Cen- Occupation Patholog		
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 500.00	
Full Name (Last, First D. Jeffrey Goldstein, Dr			Date of Receipt
Mailing Address De	partment of Pathology D Prudential Drive		03 18 2011
City Jacksonville	State FL	Zip Code 32207	Transaction ID: SA11AI.40400  Amount of Each Receipt this Period
FEC ID number of confederal political comm			300.00
Name of Employer Baptist Medical	Occupation Patholog		
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts	This Page (optional)		1150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and address of any political o	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) R. Richard Gomez, Dr.  Mailing Address Laboratory 1700 SW 7th St		Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Topeka  FEC ID number of contributing federal political committee.	State         Zip Code           KS         66606-2489	Transaction ID: SA11AI.40667  Amount of Each Receipt this Period  1000.00
Name of Employer St Francis Hith Ctr  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date	000.00
Full Name (Last, First, Middle Initial) J. Joseph Goswitz, Dr.  Mailing Address 311 Woodlawn Ave	nue	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City St. Paul FEC ID number of contributing	State Zip Code MN 55105	Transaction ID: SA11AI.40566  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation Pathologist Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) M Allen Gown, Dr.  Mailing Address 551 N 34th St Ste 1	00	Date of Receipt
City Seattle FEC ID number of contributing federal political committee.	State Zip Code WA 98103-8675	Transaction ID: SA11AI.40614  Amount of Each Receipt this Period  1500.00
Name of Employer PhenoPath Labs  Receipt For:  Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date	500.00
SUBTOTAL of Receipts This Page (optional	)	2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 56 (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 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	
Full Name (Last, First, Middle Initial) Sylvester Michael Graff, Dr.  Mailing Address 290 Big Run Rd  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer Pathology & Cytology Labs Inc Receipt For: Primary General Other (specify)	State Zip Code KY 40503-2903  C  Occupation Pathologist  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 Y
Full Name (Last, First, Middle Initial) Frances Mary Hahn, Dr.  Mailing Address 3919 E Bronco Trl  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer St Josephs Hosp and Med Ctr Receipt For: Primary General Other (specify)	State Zip Code AZ 85044-2604  C  Occupation Pathologist  Aggregate Year-to-Date   1000.00	Date of Receipt  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) A Lauren Hammock, Dr. Mailing Address PO Box 72059  City  Eugene  FEC ID number of contributing federal political committee.  Name of Employer Pathology Consultants PC  Receipt For:  Primary General Other (specify)	State Zip Code OR 97401-0285  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: SA11AI.40608  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 56 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists I	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alan Douglas Hansen, Dr. Mailing Address 7620 Overlake Dr		Date of Receipt  0 3 0 8 2 0 1 1
City  Medina  FEC ID number of contributing federal political committee.	State         Zip Code           WA         98039-4733	Transaction ID: SA11AI.40635  Amount of Each Receipt this Period  250.00
Name of Employer Puget Sound Inst of Pathology PLLC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) R. John Harbour, Dr.  Mailing Address 416 Wellfield Rd		Date of Receipt  0 3 0 5 2 0 1 1
City	State Zip Code	Transaction ID: SA11Al.40420
Manakin-Sabot  FEC ID number of contributing federal political committee.	VA 23103	Amount of Each Receipt this Period 250.00
Name of Employer Bon Secours St. Mary's Ho- sp Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) C. John Harrison, Dr.  Mailing Address 2904 Westcorp Blv	rd SW Ste 108	Date of Receipt  0 3 1 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.40605
Huntsville  FEC ID number of contributing federal political committee.	AL 35805-6437	Amount of Each Receipt this Period 300.00
Name of Employer Pathology Associates PC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (options		800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 56 (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 Politics	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) J. Richard Hausner, Dr.  Mailing Address 7941 Katy Freeway #530  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Unaffiliated  Receipt For: Primary General Other (specify)	State TX  C  Occupation Patholog Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y  O 3 18 2011  Transaction ID: SA11AI.40771  Amount of Each Receipt this Period  500.00
_ B.	Full Name (Last, First, Middle Initial)  F. William Hickey, Dr.  Mailing Address  Dept of Path/Borwell E  1 Medical Center Dr  City  Lebanon  FEC ID number of contributing federal political committee.  Name of Employer Dartmouth Hitchcock Med  Ctr  Receipt For:  Primary  General  Other (specify)	State NH C Occupatio Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y  O 3
_ C.	Full Name (Last, First, Middle Initial) Dwight Gordon Honda, Dr.  Mailing Address 305 Park Creek Dr  City Clovis  FEC ID number of contributing federal political committee.  Name of Employer Pathology Associates  Receipt For: Primary General Other (specify)	State CA C Occupation Patholog Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<u> </u>	1000.00

Full Name (I G. Melvin Ho Mailing Adding Add	COMMITTEE (In Full)  f American Pathologists Polarital  Last, First, Middle Initial)  pshiko, Dr.  ress Pathology Departmer  2801 Atlantic Ave  ch  pher of contributing ical committee.  Inployer In Memorial Med  :  rry General  (specify)   Last, First, Middle Initial)  iber, Dr.  ress 2504 Serravalle St Ni	olitical Action Contact State CA C C C C C C C C C C C C C C C C C C	Zip Code 90801-1428	Date of Receipt  Date of Receipt  Transaction ID: SA11AI.40545  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt Transaction ID: SA11AI.40545  Amount of Each Receipt Transaction ID: SA11AI.40545  Amount of Each Receipt Transaction ID: SA11AI.40773  Amount of Each Receipt this Period
Full Name (I G. Melvin Ho Mailing Adding Add	f American Pathologists Policials, First, Middle Initial) pshiko, Dr. ress Pathology Departmer 2801 Atlantic Ave  ch puber of contributing ical committee.  rpy General (specify)  Last, First, Middle Initial) iber, Dr. ress 2504 Serravalle St Number of contributing	State CA C Occupation Pathologi Aggregate  W State OH	Zip Code 90801-1428  n ist Year-to-Date ▼ 250.00	Date of Receipt  M M M D D D Z D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D D Z D D D D Z D D D D Z D D D D Z D
G. Melvin Ho Mailing Addi City Long Beach FEC ID num federal politi  Name of Em Long Beach Ctr Receipt For: Primal Other  Full Name (I G Robert Hul Mailing Addi City Uniontown FEC ID num federal politi  Name of Em unaffiliated  Receipt For: Primal Other	pshiko, Dr.  Press Pathology Departmer 2801 Atlantic Ave  Ch  Press Pathology Departmer 2801 Atlantic Ave  Ch  Property Pathology Department 2801 Atlantic Ave  Ch  Prope	State CA  C  Occupation Pathologi Aggregate  W  State OH	90801-1428  n ist Year-to-Date ▼  250.00  Zip Code	Date of Receipt  M M M D D D Z D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D Z D D D D Z D D D D Z D D D D Z D D D D Z D
City Long Bead FEC ID num federal politi  Name of Em Long Beach Ctr Receipt For: Primal Other  Full Name (I G Robert Hul Mailing Addi  City Uniontown FEC ID num federal politi  Name of Em unaffiliated  Receipt For: Primal Other	2801 Atlantic Ave  ch  mber of contributing ical committee.  mployer in Memorial Med  :  rry	State CA  C  Occupation Pathologi Aggregate  W  State OH	90801-1428  n ist Year-to-Date ▼  250.00  Zip Code	Date of Receipt    Date of Receipt   Date of Rec
Long Beach FEC ID num federal politi  Name of Em Long Beach Ctr Receipt For: Primal Other  Full Name (I G Robert Hul Mailing Addi  City Uniontown FEC ID num federal politi  Name of Em unaffiliated  Receipt For: Primal Other	nber of contributing ical committee.  Inployer Memorial Med  : ry General (specify)  Last, First, Middle Initial) ber, Dr.  Iress 2504 Serravalle St Number of contributing	CA C Occupation Pathologi Aggregate W State OH	90801-1428  n ist Year-to-Date ▼  250.00  Zip Code	Date of Receipt  Date of Receipt  M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID num federal politi  Name of Em Long Beach Ctr Receipt For: Primal Other  Full Name (I G Robert Hul Mailing Addidition City Uniontown FEC ID num federal politi  Name of Em unaffiliated  Receipt For: Primal Other	nber of contributing ical committee.  Inployer Memorial Med  : ry General (specify)  Last, First, Middle Initial) ber, Dr.  Iress 2504 Serravalle St Number of contributing	Occupation Pathologi Aggregate  W  State OH	n ist  Year-to-Date ▼  250.00  Zip Code	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 of Emunaffiliated  Receipt For: Primal Other  Full Name (I G Robert Hull Mailing Addited Second For: PEC ID num federal political Primal Other  Receipt For: Primal Other	ical committee.  Inployer In Memorial Med  General (specify)  Last, First, Middle Initial) Iber, Dr.  Iress 2504 Serravalle St Ni	Occupation Pathologi Aggregate  W  State OH	Year-to-Date ▼  250.00  Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ctr Receipt For: Primal Other  Full Name (I G Robert Hu Mailing Addi  City Uniontowr FEC ID num federal politi  Name of Em unaffiliated  Receipt For: Primal Other	: ry General (specify) ▼  Last, First, Middle Initial) ber, Dr. ress 2504 Serravalle St N	Pathologi Aggregate  W  State OH	Year-to-Date ▼  250.00  Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Full Name (I G Robert Hul Mailing Addit City Uniontowr FEC ID num federal politi Name of Emunaffiliated Receipt For:  Primal Other	(specify) ▼  Last, First, Middle Initial) ber, Dr. ress 2504 Serravalle St Ni n nber of contributing	W State OH	250.00 Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
G Robert Hull Mailing Addr City Uniontowr FEC ID num federal politi Name of Em unaffiliated Receipt For: Primal Other	nber, Dr.  1 ress 2504 Serravalle St NV  1 nber of contributing	State OH	·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Uniontowr FEC ID num federal politi Name of Em unaffiliated Receipt For: Primal Other	ress 2504 Serravalle St N	State OH	·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Uniontown FEC ID num federal politi  Name of Em unaffiliated  Receipt For: Primal Other	nber of contributing	ОН	·	Transaction ID: SA11AI.40773  Amount of Each Receipt this Period
FEC ID num federal politic Name of Emunaffiliated Receipt For:  Primal Other	nber of contributing		44685-5727	Amount of Each Receipt this Period
Name of Emunaffiliated  Receipt For: Primal Other  Full Name (I		С		500.00
Receipt For: Primal Other				500.00
Primal Other	nployer	Occupation Pathologi		
		Aggregate	Year-to-Date ▼ 500.00	
J. David Hud	Last, First, Middle Initial)			Date of Receipt
Mailing Add	ress Dept of Path 1304 Franklin Ave			03 11 YYYY 2011
City		State	Zip Code	Transaction ID: SA11AI.40379
<u>Normal</u>		<u> </u>	61761-3558	Amount of Each Receipt this Period
FEC ID num federal politi	nber of contributing ical committee.	C		500.00
Name of Em Advocate Br Center	nployer romenn Medical	Occupation Pathologi		
Receipt For:		Aggregate	Year-to-Date <b>V</b>	
Primar Other	ry		500.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 56 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	d Statements may not be sold or used by any persithe name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W Jerry Hussong, Dr. Mailing Address Apt PH 1 8888 W 3rd City Los Angeles FEC ID number of contributing federal political committee.  Name of Employer Cedars-Sinai Medical Center	State Zip Code CA 90048-3232  C  Occupation Pathologist  Aggregate 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
Primary General Other (specify)  Full Name (Last, First, Middle Initial) S Bharati Jhaveri, Dr. Mailing Address 1312 Woods Farm	312.00 Ln	Date of Receipt  0 3
City Springfield  FEC ID number of contributing federal political committee.  Name of Employer unaffiliated	State Zip Code  IL 62704-6431  C  Occupation Pathologist	Transaction ID: SA11AI.40668  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	
P. Michael Johnson, Dr.  Mailing Address Dept of Pathology 503 E Thomason Ci City Opelika  FEC ID number of contributing federal political committee.	State Zip Code AL 36801	Date of Receipt    M M
Name of Employer Lee Pathology Lab, PA  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   300.00	
SUBTOTAL of Receipts This Page (optional	)	862.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 56 (check only one)    X
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any person go the name and address of any political committee to a Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr.		Date of Receipt
Mailing Address Pathology & Clinic 725 North Street	cal Labs	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.40408
Pittsfield	MA 01201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Berkshire Health Systems	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Joseph Carmen Julius, Dr.		Date of Receipt
Mailing Address 1044 Belmont Ave		03 23 7 2011
City	State Zip Code	Transaction ID: SA11AI.40666
Youngstown  FEC ID number of contributing federal political committee.	OH 44504-1096	Amount of Each Receipt this Period  1000.00
Name of Employer St. Elizabeth Health Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) S Oliver Kim, Dr.		Date of Receipt
Mailing Address Department of Pa 450 West Hwy 22	thology	03 / 03 / 2011
City	State Zip Code	Transaction ID: SA11AI.40494
<u>Barrington</u>	IL 60010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Good Shepherd Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 56 (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 the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	
College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) R Thomas Kluzak, Dr.		Date of Receipt
Mailing Address 3219 Keywest Ct		03 / 011 / 2011
City Wichita	State Zip Code KS 67204-2364	Transaction ID: SA11AI.40737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Via Christi Reg Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Doug Knapman	_L	Date of Receipt
Mailing Address 325 Waukegan Rd		03 24 2011
City	State Zip Code	Transaction ID: SA11AI.40460
Northfield	IL 60093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer College of American Path.	Occupation Employee	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) C Nancy Kois, Dr.		Date of Receipt
Mailing Address 1577 E Holly St		03 15 2011
City	State Zip Code	Transaction ID: SA11AI.40662
Boise  FEC ID number of contributing federal political committee.	ID 83712	Amount of Each Receipt this Period 250.00
Name of Employer St. Alphonsus Regional Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 56 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
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 Poli	e name and addı	ess of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. John Laczin, Dr.  Mailing Address 1950 Mulsanne Drive  City  Zionsville  FEC ID number of contributing federal political committee.  Name of Employer Covance Central Lab Svcs, Inc.  Receipt For:	State IN  C  Occupation Pathologis Aggregate		Date of Receipt    M M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Alisabeth Aimee League, Dr.  Mailing Address 2904 Westcorp Blvd S	SW Ste 108	500.00	Date of Receipt
City  Huntsville  FEC ID number of contributing federal political committee.	State AL	Zip Code 35805-6437	Transaction ID: SA11AI.40606  Amount of Each Receipt this Period  500.00
Name of Employer Pathology Associates PC  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologis Aggregate		
Full Name (Last, First, Middle Initial) Nussen Susanne Lee, Dr. Mailing Address 3805 W Chester Pike	Ste 120		Date of Receipt  0 3
City Newtown Square FEC ID number of contributing federal political committee.	State PA	Zip Code 19073-2304	Transaction ID: SA11AI.40525  Amount of Each Receipt this Period  350.00
Name of Employer Institute for Dermatopath- ology PC Receipt For:  Primary General Other (specify) ▼	Occupation Pathologis Aggregate		
SUBTOTAL of Receipts This Page (optional)			1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 56 (check only one)  X 11a 11b 11c 12  13 14 15 16
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) G.B. Debra Leonard, Dr.  Mailing Address Weill Cornell Med ( 525 E 68th St		Date of Receipt  0 3 / 1 5 / 2 0 1 1
City  New York  FEC ID number of contributing federal political committee.	State Zip Code NY 10021	Transaction ID: SA11AI.40581  Amount of Each Receipt this Period  600.00
Name of Employer New York Presbyterian Hosp  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   600.00	
Full Name (Last, First, Middle Initial) P Rodger Lewis, Dr.  Mailing Address PO Box 870 1209 Bishop ST  City Union City  FEC ID number of contributing federal political committee.	State Zip Code TN 38281-0870	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Baptist Memorial Hosp-Union City Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr.  Mailing Address Lab Medicine and F 701 Park Ave	Pathology P4	Date of Receipt  0 3 0 8 2 0 1 1
City Minneapolis FEC ID number of contributing federal political committee.	State Zip Code MN 55415	Transaction ID: SA11AI.40506  Amount of Each Receipt this Period  250.00
Name of Employer Hennepin County Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	J)	1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 56 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	ical Action (	Committee	
Full Name (Last, First, Middle Initial) K. Gary Ludwig, Dr.			Date of Receipt
Mailing Address 408 E. Wisconsin Aver	nue		03 04 2011
City	State	Zip Code	Transaction ID: SA11AI.40699
Neenah	WI	54956	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Theda Clark Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Gabriel Guillermo Martinez-Torres, Dr.			Date of Receipt
Mailing Address North Shore Pathologis 2323 N Lake Dr	sts SC		03 03 2011
City	State	Zip Code	Transaction ID: SA11AI.40787
<u>Milwaukee</u>	WI	53211-4508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer unaffiliated	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) H. Arthur McTighe, Dr.			Date of Receipt
Mailing Address Cheif, Dept of Patholog 201 E University Pkwy	Jy		03 / 03 / 2011
City	State	Zip Code	Transaction ID: SA11AI.40706
Baltimore	MD	21218-2895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Union Memorial Hospital	Occupation Patholog		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		·····	3250.00

SCHEDULE A (FECF ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 56   (check only one)   X   11a
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In F College of American Path	,	Committee	
Full Name (Last, First, Middle D. Bruce Melin, Dr.	Initial)		Date of Receipt
Mailing Address Departme 401 E Spr	nt of Pathology uce St		03 / 03 / 2011
City Garden City	State KS	Zip Code 67846-5672	Transaction ID: SA11AI.40678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Catherine Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Gerald Minkowitz	Initial)		Date of Receipt
Mailing Address 904 49th \$	St		03 23 7 2011
City Brooklyn	State NY	Zip Code	Transaction ID: SA11AI.40575
FEC ID number of contributing federal political committee.		11219	Amount of Each Receipt this Period
Name of Employer Minkowitz Consultant Path- ology	Occupatio Patholog		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle R. Dina Mody, Dr.	Initial)		Date of Receipt
	y Medicine nin		03 03 2011
City Houston	State TX	Zip Code 77030-2707	Transaction ID: SA11AI.40692  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			500.00
Name of Employer The Methodist Hosp	Occupatio Patholog		
Receipt For:  Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Pa			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of Detailed Summary P	the crieck only one)
or for commercial purposes, other than using	d Statements may not be sold or used by the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	olitical Action Committee	
Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr.		Date of Receipt
Mailing Address Doctors Plaza 3 1315 S Cliff Ave Si	e 4100	03 18 2011
City	State Zip Code	Transaction ID: SA11AI.40618
Sioux Falls	SD 57105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000	
Full Name (Last, First, Middle Initial)  J Joseph Natarelli, Dr.		Date of Receipt
Mailing Address 375 Ruby St		03 / 03 / 2011
City	State Zip Code	Transaction ID: SA11AI.40632
Clarendon Hills	IL 60514-1316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Provena St. Joseph Med Ctr	Occupation Pathologist	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000	0.00
Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.		Date of Receipt
Mailing Address 5287 Poola Street		03 / 04 / 2011
City	State Zip Code	Transaction ID: SA11AI.40468
Honolulu	HI 96821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350	0.00
SUBTOTAL of Receipts This Page (optional	l)	2350.00
TOTAL This Period (last page this line num		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (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	d Statements may not be sold or used by any perhe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J Lyle Noordhoek, Dr.  Mailing Address 2509 Felten Dr		Date of Receipt  0 3
City  Hays  FEC ID number of contributing federal political committee.	State Zip Code KS 67601-2213	Transaction ID: SA11AI.40637  Amount of Each Receipt this Period  400.00
Name of Employer Quest Diagnostics  Receipt For:  Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   400.00	
Full Name (Last, First, Middle Initial) Burkhalter Ann Oaks, Dr. Mailing Address 105 Ashbourne Lake		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clemmons  FEC ID number of contributing federal political committee.	State         Zip Code           NC         27012-7906	Transaction ID: SA11AI.40507  Amount of Each Receipt this Period  240.00
Name of Employer High Point Regional Hosp  Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   240.00	
Full Name (Last, First, Middle Initial) P. Steven Olson, Dr.  Mailing Address 1000 E 21st		Date of Receipt  0 3 0 4 2 0 1 1
Suite 4100 City Sioux Falls FEC ID number of contributing federal political committee.	State Zip Code SD 57105	Transaction ID: SA11AI.40619  Amount of Each Receipt this Period  500.00
Name of Employer Physicians Laboratory Ltd Receipt For:	Occupation Pathologist Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1140.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 56 (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 address	s of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Stephen Ovanessoff, Dr.  Mailing Address 10276 E. Bella Vista	1		Date of Receipt
City Scottsdale FEC ID number of contributing	State AZ	Zip Code 85258	Transaction ID: SA11AI.40454  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify)	Occupation Pathologist Aggregate Yea	ar-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) T. William Pastuszak, Dr.  Mailing Address Department of Pathe 80 Seymour St.  City	State	Zip Code	Date of Receipt    M
Hartford  FEC ID number of contributing federal political committee.  Name of Employer Hartford Hosp  Receipt For:  Primary General Other (specify)	Occupation Pathologist Aggregate Yea	06102-5037 ar-to-Date ▼ 250.00	Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Leon Fred Picklesimer, Dr.  Mailing Address Dept of Path 290 Big Run Rd  City Lexington  FEC ID number of contributing federal political committee.	State KY	Zip Code 40503-2903	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 2 9 2 0 1 1  Transaction ID: SA11AI.40600  Amount of Each Receipt this Period  500.00
Name of Employer Pathology & Cytology Labs Inc Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist Aggregate Yea	ar-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional	)		1250.00

City State Zip Code Fishersville VA 22939-2273  FEC ID number of contributing federal political committee.  Name of Employer Blue Ridge Pathologists  Receipt For: Primary General Other (specify) ▼ GNA 73134-5031  FEUI Name (Last, First, Middle Initial) Leigh Ehrlich Michelle Powers, Dr. Mailing Address 14200 N May Ave Apt 2321  City State Zip Code Oklahoma City OK 73134-5031  FEC ID number of contributing federal political committee.  Name of Employer FeC ID number of contributing federal political committee.  Name of Employer The Pathology Group PC Primary General Other (specify) ▼	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 56 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A. Full Name (Last, First, Middle Initial) A Julie Plumbley, Dr.  Malling Address Dept of Path 70 Med Ctr Cir Ste 309 City Fishersville VA 22939-2273 FEC ID number of contributing federal political committee.  Name of Employer Blue Ridge Pathologists Receipt For: Primary Other (specify) ▼ State Zip Code Pathologist Receipt For: Primary General Other (specify) ▼ State Zip Code Cocupation Pathologist Receipt For: Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ General  Date of Receipt  Transaction ID: SA11AI.40417 Amount of Each Receipt this Period  ### April 11	or for commercial purposes, other than using t  NAME OF COMMITTEE (In Full)	he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code FEC ID number of contributing federal political committee.  Name of Employer The Pathology Group PC Name of Employer The Pathology Group PC Name of Employer The Pathology General Other (specify) ▼  FUI Name (Last, First, Middle Initial) Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  FUI Name (Last, First, Middle Initial) Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  FUI Name (Last, First, Middle Initial) Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  FUI Name (Last, First, Middle Initial) Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  FUI Name (Last, First, Middle Initial) Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  FUI Name (Last, First, Middle Initial) Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  FUI Name (Last, First, Middle Initial) Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  FUI Name (Last, First, Middle Initial)  Lafanes Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  FUI Name (Last, First, Middle Initial)  Lafanes Puckett, Dr.  Mailing Address Department of Pathology 2 Name of Employer Clarion PA 16214  FUI Name (Last, First, Middle Initial)  Lafanes Puckett, Dr.  Mailing Address Department of Pathology 2 Name of Employer Clarion PA 16214  FUI Name (Last, First, Middle Initial)  Lafanes Puckett, Dr.  Aggregate Year-to-Date ▼  Occupation Pathologist  Full Name (Last, First, Middle Initial)  Lafanes Puckett, Dr.  Aggregate Year-to-Date ▼  Aggregate Y	Full Name (Last, First, Middle Initial) A. A Julie Plumbley, Dr.	Antibal Action Committee	Date of Receipt
Fishersville VA 22339-2273  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Biue Ridge Patriologists  Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al.40696  Oklahoma City Ok 73134-5031  FEC ID number of contributing federal political committee.  Name of Employer The Pathology Group PC  Fill Name (Last, First, Middle Initial)  Lagnes Puckett, Dr.  Mailing Address Department of Pathology  1 Hospital Drive  City State Zip Code  Primary General Other (specify) ▼ 325.00  Date of Receipt  1 Transaction ID: SA11Al.40696  Amount of Each Receipt this Period  Transaction ID: SA11Al.40696  Amount of Each Receipt Transaction ID: SA11Al.40696  Amount of Each Receipt Transaction ID: SA11Al.40696  Transaction ID: SA11Al.40696  Amount of Each Receipt Transaction ID: SA11Al.40445  Amount of Each Receipt Trans	70 Med Ctr Cir Ste 3		03 11 2011
FEC ID number of contributing federal political committee.  Name of Employer Blue Ridge Pathologists  Receipt For:	-		
Receipt For:     Primary	FEC ID number of contributing		600.00
Primary General Other (specify) ▼ 600.00  Full Name (Last, First, Middle Initial) Leigh Ehrlich Michelle Powers, Dr.  Mailing Address 14200 N May Ave Apt 2321  City State Zip Code Oklahoma City OK 73134-5031  FEC ID number of contributing federal political committee.  C 325.0  Feceipt For: Primary General Other (specify) ▼ 325.00  Full Name (Last, First, Middle Initial) L James Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code Transaction ID: SA11AI.40696  Amount of Each Receipt this Period S25.00  Date of Receipt Transaction ID: SA11AI.40696  Amount of Each Receipt Transaction ID: SA11AI.40496  Amount of Each Receipt Transaction ID: SA11AI.40445  City State Zip Code Transaction ID: SA11AI.40445  Clarion PA 16214  FEC ID number of contributing federal political committee.  C 300.00	Name of Employer Blue Ridge Pathologists		
Leigh Ehrlich Michelle Powers, Dr.  Mailing Address 14200 N May Ave Apt 2321  City State Zip Code Oklahoma City OK 73134-5031  FEC ID number of contributing federal political committee.  Name of Employer The Pathology Group PC Primary General Other (specify) ▼  Eull Name (Last, First, Middle Initial) L. James Puckett, Dr. Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code Pathologist  Aggregate Year-to-Date ▼  State Zip Code Transaction ID: SA11Al.40696  Amount of Each Receipt this Period  325.00  Date of Receipt  Transaction ID: SA11Al.40696  Transaction ID: SA11Al.40696  Amount of Each Receipt this Period  325.00  Date of Receipt  Transaction ID: SA11Al.40445  Date of Receipt  Amount of Each Receipt this Period  1 1 1 2 0 1  Transaction ID: SA11Al.40445  Amount of Each Receipt this Period  300.00  SA11Al.40445  Amount of Each Receipt this Period  Transaction ID: SA11Al.40445  Amount of Each Receipt this Period  Transaction ID: SA11Al.40445  Amount of Each Receipt this Period  300.00	Primary General		
City Oklahoma City State Zip Code Oklahoma City OK 73134-5031  FEC ID number of contributing federal political committee.  Name of Employer The Pathology Group PC Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) L. James Puckett, Dr. Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  Date of Receipt  Transaction ID: SA11AI.40696  Amount of Each Receipt this Period  325.00  Date of Receipt  Transaction ID: SA11AI.406496  Amount of Each Receipt this Period  Transaction ID: SA11AI.406496  Amount of Each Receipt this Period  Transaction ID: SA11AI.406445  Amount of Each Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Leigh Ehrlich Michelle Powers, Dr.	ot 2321	<b>─</b>
Oklahoma City OK 73134-5031  Amount of Each Receipt this Period FEC ID number of contributing federal political committee.  Name of Employer The Pathology Group PC Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) L. James Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  FEC ID number of contributing federal political committee.  Name of Employer Clarion Hosp  Name of Employer Clarion Hosp  Receipt For: Primary General  Occupation PA 16214  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: SA11AI.40445  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: SA11AI.40445  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer The Pathology Group PC Pathologist  Receipt For: Primary General Other (specify)  Other (specify)  Other (specify)  IL. James Puckett, Dr. Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code PA 16214  FEC ID number of contributing federal political committee.  Name of Employer Clarion Hosp Pathologist  Receipt For: Aggregate Year-to-Date   Date of Receipt  Transaction ID: SA11AI.40445  Amount of Each Receipt this Period Sanother Pathologist  Receipt For: Primary General Aggregate Year-to-Date  Pathologist  Receipt For: Primary General Aggregate Year-to-Date  Pathologist	•	·	
Receipt For:    Primary   General   325.00		C	325.00
Primary General Other (specify) ▼    State   Zip Code	Name of Employer The Pathology Group PC	· ·	
L. James Puckett, Dr.  Mailing Address Department of Pathology 1 Hospital Drive  City State Zip Code Clarion PA 16214  FEC ID number of contributing federal political committee.  Name of Employer Clarion Hosp  Receipt For: Primary General  Date of Receipt  M M M O 0 3 1 1 1 2 0 1  Transaction ID: SA11Al.40445  Amount of Each Receipt this Period  300.0	Primary General		
1 Hospital Drive  City  Clarion  FEC ID number of contributing federal political committee.  Name of Employer Clarion Hosp  Receipt For:  Primary  General  State Zip Code Transaction ID: SA11AI.40445  Amount of Each Receipt this Period  300.0			Date of Receipt
Clarion PA 16214  FEC ID number of contributing federal political committee.  Name of Employer Clarion Hosp  Receipt For: Primary General  Amount of Each Receipt this Period 300.0	2 2000	ology	
FEC ID number of contributing federal political committee.  Name of Employer Clarion Hosp  Receipt For: Primary  General  C  Occupation Pathologist  Aggregate Year-to-Date	•	·	
Receipt For:  Primary  General  Aggregate Year-to-Date  200.00	FEC ID number of contributing		300.00
Primary General 300.00	Name of Employer Clarion Hosp	·	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 35 / 56 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be solone name and address of any	d or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Po	olitical Action Committee	Э	
Full Name (Last, First, Middle Initial) Mick Raich			Date of Receipt
Mailing Address 111 Giles Ave Apt C	7.0		03 / 15 / 2011
City	State Zip Co		Transaction ID: SA11AI.40736
Blissfield	MI 49228	3-1290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer Vachette Pathology	Occupation		
Receipt For:	Aggregate Year-to-Da	ate <b>V</b>	
Primary General Other (specify) ▼		210.00	
Full Name (Last, First, Middle Initial) D Dennis Reinke, Dr.	I		Date of Receipt
Mailing Address 1107 Brooke Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	ode	Transaction ID: SA11AI.40604
Wichita Falls	TX 76301	-5608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Pathology Associates	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Da	1000.00	
Full Name (Last, First, Middle Initial) Edward James Richard, Dr.			Date of Receipt
Mailing Address 2508 S Cedar St			03 15 / Y Y Y Y Y Y
City	State Zip Co	ode	Transaction ID: SA11AI.40429
Lansing	MI 48910	)	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer CAP Lab-PLC	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Da	ate <b>V</b>	
Primary General Other (specify) ▼	0 0 0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			2210.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 36 / 56   (check only one)
Any information copied from such Reports at 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) R Charles Robinson, Dr.			Date of Receipt
Mailing Address 40 Cedar Ridge Ra	od		03 08 2011
City Waynesboro	State VA	Zip Code 22980	Transaction ID: SA11AI.40418  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Blue Ridge Pathologists	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) K. Sateesh Satchidanand, Dr.			Date of Receipt
Mailing Address Department of Path 2605 Harlem Road			03 23 7 2011
City Cheektowaga	State NY	Zip Code 14225	Transaction ID: SA11AI.40680
FEC ID number of contributing federal political committee.	C	1425	Amount of Each Receipt this Period 500.00
Name of Employer St. Joseph Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) F. Michael Schaldenbrand, Dr.			Date of Receipt
Mailing Address Department of Path PO Box 2500	nology		03 04 2011
City Dearborn	State MI	Zip Code 48123-2500	Transaction ID: SA11AI.40589  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Oakwood Hosp & Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1150.00

Anuinformation assisted from each Passes	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 56 (check only one)    X   11a
or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  College of American Pathologis	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to ts Political Action Committee	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Peter Scully, Dr.  Mailing Address Laboratory 4230 Burnham City	State Zip Code	Date of Receipt  0 3
Las Vegas  FEC ID number of contributing federal political committee.	NV 89119	Amount of Each Receipt this Period 500.00
Name of Employer Associated Pathologists Chartered Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Ann Mary Sens, Dr.  Mailing Address School of Medic	sine Hlth Sci n 3133 Stop 9037	Date of Receipt  0 3 1 8 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.40715
Grand Forks  FEC ID number of contributing federal political committee.	ND 58202-6026	Amount of Each Receipt this Period 250.00
Name of Employer Univ of North Dakota School of Medicin Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) S Gregory Severson, Dr. Mailing Address 1907 S 182nd C	Circle	Date of Receipt  0 3 0 3 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.40381
Omaha  FEC ID number of contributing federal political committee.	NE 68130	Amount of Each Receipt this Period 500.00
Name of Employer Alegent Health Lakeside Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date  500.00	
SUBTOTAL of Receipts This Page (op	ional)	1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	*tatamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 56 (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)  College of American Pathologists Poli	e name and ad	ddress of any political committee	to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) E. Mark Shertzer, Dr.  Mailing Address 25 Harrington Lane  City  Dothan  FEC ID number of contributing federal political committee.	State AL	Zip Code 36305	Date of Receipt    M   M   D   D   C   C   C     0 3
	Name of Employer Southeast Alabama Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
В.	Full Name (Last, First, Middle Initial) J. Edward Shumski, Dr.  Mailing Address 1103 Halstead Bayou	Drive		Date of Receipt  O 3
	City	State	Zip Code	Transaction ID: SA11AI.40409
	Ocean Springs  FEC ID number of contributing federal political committee.	MS C	39564	Amount of Each Receipt this Period 350.00
	Name of Employer Biloxi Reg Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
с.	Full Name (Last, First, Middle Initial) M Gregory Smith, Dr.  Mailing Address 712 S Cascade St			Date of Receipt  0 3
	City	State	Zip Code	Transaction ID: SA11AI.40539
	Fergus Falls  FEC ID number of contributing federal political committee.	C	56537-2913	Amount of Each Receipt this Period 500.00
	Name of Employer Lake Region Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1150.00
Ī	TOTAL This Period (last page this line number	only)		

Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may		13 14 15 16 1
NAME OF COMMITTEE (In Full)	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
College of American Pathologists P	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) B Jeffrey Smith, Dr.			Date of Receipt
Mailing Address 1395 S Pinellas Ave	nue		03 03 2011
City Tarpon Springs	State FL	Zip Code 34689-9907	Transaction ID: SA11AI.40505  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Helen Ellis Memorial Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) N Gregory Sossaman, Dr.  Mailing Address 1514 Jefferson Hwy			Date of Receipt
City	State	Zip Code	0 3 0 6 2 0 1 1 Transaction ID: SA11AI.40591
New Orleans	LA	70121-2483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ochsner Clinic Foundation	Occupation Patholog		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) H. James Spigel, Dr.	<b> </b>		Date of Receipt
Mailing Address Department of Patho 1100 Central Ave Si	ology E		03 / 29 / 11
City Albuguergue	State NM	Zip Code 87106	Transaction ID: SA11AI.40626  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Presbyterian Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	)		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 56 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists P	d Statements may not be sold or used by any pers the name and address of any political committee t olitical Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C Robert Stern, Dr.  Mailing Address ADC Laboratory 4th floor, South Win	α	Date of Receipt  O 3
City	State Zip Code	Transaction ID: SA11AI.40397
Austin	TX 78758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Austin Diagnostic Clinic	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) A. Gerald Stolz, Dr.	1	Date of Receipt
Mailing Address PO Box 925		03 25 2011
City	State Zip Code	Transaction ID: SA11AI.40613
Russellville	AR 72811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pathology Services Lab, PA	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Allen Craig Storm, Dr.		Date of Receipt
Mailing Address 8 Stagecoach Rd		03 04 2011
City	State Zip Code	Transaction ID: SA11AI.40471
<u>Lebanon</u>	NH 03766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dartmouth Hitchcock Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Possints This Page (entiane)	)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 56 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress 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	
Full Name (Last, First, Middle Initial) Lynn Sharon Swierczynski, Dr.			Date of Receipt
Mailing Address PO Box 16052 6th Ave & Spruce St			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.40697
Reading	PA	19612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The Reading Hosp & Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) S Mark Synovec, Dr.			Date of Receipt
Mailing Address Laboratory 1500 SW 10th Street			M M / D D / Y Y Y Y Y Y Y O 3 1 8 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.40688
Topeka	KS	66606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Stormont-Vail Reg Health Ctr	Occupation		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) E Paula Szypko, Dr.			Date of Receipt
Mailing Address Dept of Path 601 N Elm St PO Box I	HP-5		03 23 7 2011
City	State	Zip Code	Transaction ID: SA11AI.40508
High Point	NC	27261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer High Point Regional Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	, '	Year-to-Date ▼ 1000.00	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	2000.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 56 (check only one)    X
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne 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.
	NAME OF COMMITTEE (In Full)  College of American Pathologists Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Brent L Talbott, Dr.	0: 0.50		Date of Receipt
	Mailing Address 3445 Executive Ctr D	r Ste 250		03 08 2011
	City	State	Zip Code	Transaction ID: SA11AI.40453
	Austin	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clinical Pathology Assoc	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) H Matthew Twohig, Dr.			Date of Receipt
	Mailing Address 2400 N Rockton Ave			03 03 2011
	City	State	Zip Code	Transaction ID: SA11AI.40647
	Rockford	<u>IL</u>	61103-3655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rockford Mem Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) L Richard Voet, Dr.			Date of Receipt
	Mailing Address Dept of Path 8200 Walnut Hill Ln			03 / 03 / 2011
	City	State	Zip Code	Transaction ID: SA11AI.40627
	<u>Dallas</u>	TX	75231-4426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Presbyterian Hospital Dal- las	Occupation Patholog	jist	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 56 (check only one)    X
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 difficult Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  M. Arthur Vogel, Dr.  Mailing Address 6825 216th Street SV Suite E  City  Lynnwood  FEC ID number of contributing federal political committee.  Name of Employer Cytolab Pathology Svcs, Inc PS  Receipt For:  Primary General  Other (specify)	N  State Zip Code WA 98036-7379  C  Occupation Pathologist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11Al.40466  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) E Deborah Ward, Dr. Mailing Address Greene Memorial Ho Laboratory City Xenia  FEC ID number of contributing federal political committee.  Name of Employer unaffiliated  Receipt For: Primary General	Spital  State Zip Code OH 45385-1619  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 15 2011  Transaction ID: SA11AI.40800  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) A. Robert Wessels, Dr.  Mailing Address 710 Fm 1960 Rd W  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Houston Northwest Med Ctr	State Zip Code TX 77090-3402  C  Occupation Pathologist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 500.00	1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 56 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) M. Thomas Wheeler, Dr.			Date of Receipt
	Mailing Address Department of Patholo One Baylor Plaza			03 / 03 / 2011
	City Houston	State TX	Zip Code 77030	Transaction ID: SA11AI.40404  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Baylor College of Medicine	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) L. John Wilhelmus, Dr.  Mailing Address 87 Lantern Way			Date of Receipt
				03 04 2011
	City Nicholasville	State <b>KY</b>	Zip Code 40356-9009	Transaction ID: SA11AI.40671
	FEC ID number of contributing federal political committee.	C	40300-9009	Amount of Each Receipt this Period  300.00
	Name of Employer St. Joseph Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
– C.	Full Name (Last, First, Middle Initial) R. Bruce Williams			Date of Receipt
<b>.</b>	Mailing Address 2915 Missouri Avenue	)		M M / D D / Y Y Y Y Y O D D / 2011
	City	State	Zip Code	Transaction ID: SA11AI.40691
	Shreveport  FEC ID number of contributing federal political committee.	C	71109	Amount of Each Receipt this Period 500.00
	Name of Employer The Delta Pathology Group, LLP	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1800.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 56 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  College of American Pathologist	s and Statements may not be sold or used by any person sing the name and address of any political committee to s Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Theresa Susan Williams, Dr. Mailing Address 150 Collins St  City Memphis  FEC ID number of contributing federal political committee.  Name of Employer GI Pathology, PLLC  Receipt For: Primary General Other (specify)	State Zip Code TN 38112  C  Occupation Pathologist  Aggregate Year-to-Date ▼  750.00	Date of Receipt  M M M O 8 2 0 1 1  Transaction ID: SA11AI.40492  Amount of Each Receipt this Period  750.00
Full Name (Last, First, Middle Initial) B. Gary Witkin, Dr.  Mailing Address Dept of Patholog 4755 Ogletown-S  City  Newark  FEC ID number of contributing federal political committee.  Name of Employer Christiana Hosp  Receipt For:  Primary General Other (specify)	Stanton Rd  State Zip Code DE 19718  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) L. Sherry Woodhouse, Dr.  Mailing Address 1440 Coral Ridg  City Coral Springs  FEC ID number of contributing federal political committee.  Name of Employer Pathology Consultants of S Broward  Receipt For: Primary General Other (specify)	State Zip Code FL 33071  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.40609  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (opti	onal)	2000.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 46 / 56			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(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	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action (	Committee				
Full Name (Last, First, Middle Initial) Andrew John Wright, Dr.  Mailing Address 1001 S George St  City	State	Zip Code	Date of Receipt    M			
York  FEC ID number of contributing federal political committee.	C	17403-3676	Amount of Each Receipt this Period  300.00			
Name of Employer York Hosp  Receipt For: Primary Other (specify)	Occupation Patholog Aggregate		]			

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	300.00
TOTAL This Period (last page this line number only)	<b>•</b>	62402.00

A.

В.

President

District:

**SCHEDULE B (FEC Form 3X)** FOR LINE NUMBER: PAGE 47/56 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 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.40836 Sun Trust Bank Date of Disbursement 18 0 3 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 50.50 Purpose of Disbursement SUNTRUST ACCOUNT ANALYSIS FEE 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.40837 Sun Trust Bank Date of Disbursement 3 1 0 3 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 1.75 Purpose of Disbursement SUNTRUST ACTIVITY FEE Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	52.25
TOTAL This Period (last page this line number only)	•	52.25

Other (specify)

State:

TEMIZED DISBURSEMENTS    Tor each categopy of the   Disbursement	CHEDULE B (FEC FOIII 3X)		rate schedule(s)			NUMBE	١١.		L	AGL	48 / 5	90
NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) 21ST CENTURY MAJORITY FUND  Mailing Address 6085 Roswell Road BOX 2274  City State Zip Code Allanta GA 30328  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President State: NV District: 0  City State Zip Code Other (specify) ▼  State Zip Code Other (specify) ▼  Transaction ID: SB23.40805 Date of Disbursement this Perio Category' Type  Transaction ID: SB23.40805 Date of Disbursement this Perio Category' Type  Transaction ID: SB23.40806 Date of Disbursement this Perio Category' Type  Transaction ID: SB23.40806 Date of Disbursement this Perio Category' Type  Transaction ID: SB23.40806 Date of Disbursement this Perio Category' Type  Transaction ID: SB23.40806 Date of Disbursement this Perio Category' Type  Office Sought: X House Senate President State: NV District: 0  Candidate Name  Office Sought: X House President State: NV District: 0  Full Name (Last, First, Middle Initial) Senate NV Senate President State: NV District: 0  Full Name (Last, First, Middle Initial) Senate President State: NV District: 0  Candidate Name  Office Sought: X House Senate President VA Z2101  Purpose of Disbursement  Cardidate Name  Office Sought: House Senate President VA Z2101  Purpose of Disbursement  Office Sought: House Senate President President VA Z2101  Purpose of Disbursement  Office Sought: House President President President VA Z2101  Purpose of Disbursement  Office Sought: House President Presi	TEMIZED DISBURSEMENTS	Detailed S	Summary Page	21	b E	22 28a		28b	28	С	29	
Amount of Each Disbursement this Peric  City Atlanta City Atlanta GA Amount of Each Disbursement this Peric  Category' Type  Office Sought: House President State Pinary  City Atlanta Box 2274  Amount of Each Disbursement this Peric  Category' Type  Office Sought: Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS  Mailing Address  Amount of Each Disbursement this Peric  Category' Type  Transaction ID: SB23.40806 Date of Disbursement this Peric  Category' Type  Transaction ID: SB23.40806 Date of Disbursement this Peric  Category' Type  Transaction ID: SB23.40806 Date of Disbursement  Category' Type  Transaction ID: SB23.40806 Date of Disbursement this Peric  Category' Type  Transaction ID: SB23.40807 Date of Disbursement this Peric  Category' Type  Transaction ID: SB23.40807 Date of Disbursement this Peric  Category' Type  Transaction ID: SB23.40807 Date of Disbursement this Peric  Other (specify) ▼  Transaction ID: SB23.40807 Date of Disbursement  Category' Type  Transaction ID: SB23.40807 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Amount of Each Disbursement this Peric  Category' Type  Office Sought:  No 3 M	r for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and addres	s of any political									3
City State	•					Date	of Dis	burse	ement			
Atlanta GA 30328  Purpose of Disbursement  Cardidate Name  Office Sought: House Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS  Mailing Address 349 KEATING ST  City Senate President NV 89014  Purpose of Disbursement  Candidate Name  Office Sought: X House President Senate President State: X Primary General Other (specify) ▼  Office Sought: X House Senate President State: X Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE  Mailing Address 6849 Old Dominion Drive Suite 222  City State Zip Code NA 22101  Purpose of Disbursement  Category/ Type  Office Sought: A House Suite 222  City State Zip Code NA 22101  Purpose of Disbursement  Category/ Type  Office Sought: Sate Disbursement For: 2012  Category/ Type  Office Sought: Sate Disbursement For: 2010  Category/ Type  Office Sought: NA House South State Zip Code NA 22101  Purpose of Disbursement  Category/ Type  Office Sought: NA House South State Zip Code NA 22101  Purpose of Disbursement  Category/ Type  Office Sought: NA House South State Zip Code NA 22101  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: 2011  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: 2011  Primary X General Primary X General Other (specify) ▼						0 <sub>M</sub> 3	M /	<sup>D</sup> 2	8 /	ž	0 1 1	Y
Candidate Name  Office Sought: House Senate Prisedent State: District:  Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS  Mailing Address 349 KEATING ST  City Senate President NV 89014  Purpose of Disbursement  Candidate Name  Other (specify) ▼  Transaction ID: SB23.40806 Date of Disbursement  0'3 M ' 0 2 8 ' 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Amou	nt of I	Each	Disbur			
Office Sought:										25	00.00	)
Senate Primary X General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS  Mailing Address 349 KEATING ST  City State Zip Code HENDERSON NV 89014  Purpose of Disbursement  Candidate Name  Office Sought: X House President State: NV District: 01  Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE  Mailing Address 6849 Old Dominion Drive Suite 222  City State Zip Code VA 22101  Purpose of Disbursement  Category/ Type  Office Sought: NAMING ST  Transaction ID: SB23.40806  Date of Disbursement this Perio Category/ Type  Transaction ID: SB23.40807  Date of Disbursement Tor: Date of Disbursement Tor: Date of Disbursement This Perio Category/ Type  Office Sought: Naming Address 6849 Old Dominion Drive Suite 222  City State Zip Code VA 22101  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2011  Senate Primary X General Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Perio Category/ Type  Office Sought: Primary X General Other (specify) ▼  Other (specify) ▼												
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Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS							sac of [				SB23.	.408	80	
Mailing Address PO Box 250						O <sup>M</sup> ;	3 <sup>M</sup>	/	<sup>D</sup> 2	2 8 8		ž	0 Ĭ	1 Y
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	<u> </u>	ne and addres	ss of any political	comm	ittee to so	licit contributions from such committee
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Full Name (Last, First, DAVID SCHWEIKE	Middle Initial) RT FOR CONGRESS					Transaction ID: SB23.40829 Date of Disbursement
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ny Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any politica		
College of American Pathologists Politica	Action Committee	Т	
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW			Transaction ID: SB23.40813 Date of Disbursement
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City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
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NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address City CARNEL Prosident DEBT RETIRIEMS**  Office Sought:  X House President State: President State: President Cardidate Name  Office Sought: X House Senate President DEBT RETIRIEMS**  Mailing Address 507 CAPITOL COURT NE #100  City WASHINGTON DC 20002  Purpose of Disbursement Candidate Name  Office Sought: X House Senate President DEBT RETIRIEMS**  Mailing Address 507 CAPITOL COURT NE #100  City WASHINGTON DC 20002  Purpose of Disbursement State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address Po Box 2776  City State President State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address Po Box 2776  City State President State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address Po Box 2776  City State President State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address Po Box 2776  City State President Candidate Name  Office Sought: X House	TEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 GLENEIDA AVENUE P.O. BOX 188  City CARMEL P.O. BOX 188  State Zip Code CARMEL NY 10512  Purpose of Disbursement DEST RETRIBEMENT 2010 Candidate Name  Office Sought: X House President Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS  Mailing Address S07 CAPITOL COURT NE # 100  City WASHINGTON DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: X House President State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM Mailing Address PO Box 2776  City Gategory' Type  Transaction ID: SB23.40819 Date of Disbursement No. 2012 X Primary General Category' Type  Transaction ID: SB23.40819 Date of Disbursement No. 2012 X Primary General President State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM Mailing Address PO Box 2776  City Arington  Office Sought: X House Senate President VA 22202 Purpose of Disbursement  Category' Type  Transaction ID: SB23.40821 Date of Disbursement No. 2012 X Primary General Date of Disbursement  Office Sought: X House Senate President VA 22202 Purpose of Disbursement  Category' Type  Transaction ID: SB23.40821 Date of Disbursement No. 2012 X Primary General Office Sought: X House Senate President VA 22202 V Purpose of Disbursement  Category' Type  Office Sought: X House Senate President VA 22202 V Purpose of Disbursement Candidate Name  Office Sought: X House Senate President VA 22202 V Purpose of Disbursement Category' Type  Office Sought: X House Senate President VA 22202 V Purpose of Disbursement Category' Type  Office Sought: X House Senate President Christophic Mail Name Category' Type  Office Sought: X House Senate President Christophic Mail Name Category' Type  Office Sought: X House Senate President Christophic Mail Name Category' Type  Office Sought: X House Senate President Christophic Mail Name Category' Type  Office Sought: X House Senate				
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FRIENDS OF NAN HAYWORTH  Mailing Address 51 GLENEIDA AVENUE P.O. BOX 188  City State Zip Code CAFMEL NY 10512  Purpose of Disbursement DEBT RETIREMENT 2010  Candidate Name  Office Sought: X House Primary General X Other (specify) ▼  Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS  Mailing Address 507 CAPITOL COURT NE # 100  City State Zip Code WASHINGTON DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: X House Disbursement For: 2012  Cardidate Name  Office Sought: X House Disbursement For: 2012  Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS  Mailing Address 507 CAPITOL COURT NE # 100  City State Zip Code WASHINGTON DC 20002  Purpose of Disbursement  Candidate Name  Office Sought: X House President Other (specify) ▼  Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address PO Box 2776  City State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address PO Box 2776  City State: Co Disbursement  Cardidate Name  Office Sought: X House Disbursement For: 2012  City State: Zip Code Arrington VA 22202  Purpose of Disbursement  Category/ Type  Office Sought: X House Disbursement For: 2012  X Primary General Category/ Type  Office Sought: X House Disbursement For: 2012  X Primary General Category/ Type  Office Sought: X House Disbursement For: 2012  X Primary General Category/ Type  Office Sought: X House Disbursement For: 2012  X Primary General Category/ Type  Office Sought: X House President Cother (specify) ▼  Other (specify) ▼	Full Name (Last First Middle Initial)			
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State: NY District: 19 DEBT RETRMNT  Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS  Mailing Address 507 CAPITOL COURT NE # 100  City WASHINGTON DC 20002  Purpose of Disbursement  Candidate Name  Disbursement For: 2012 Senate President State: CO District: 04  Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address PO Box 2776  City State Zip Code Other (specify) ▼  State Zip Code Other (specify) ▼  Transaction ID: SB23.40819 Date of Disbursement  Mamount of Each Disbursement this Period Senate Disbursement (m3 m / 2 m	Senate	Primary General		
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Full Name (Last, First, Middle Initial) GERLACH, JIM  Mailing Address PO Box 2776  City State Zip Code VA 22202  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2012 Senate President State: PA District: 06  Transaction ID: SB23.40821  Date of Disbursement  M M / D 2 B / Y Y Y O Y Y Y O Y Y Y O Y Y Y Y Y O Y Y Y Y Y O Y Y Y Y Y O Y Y Y Y Y O Y Y Y Y Y O Y	Senate President	X Primary General		
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such cor NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS  Mailing Address PO BOX 563  City MERRIFIELD VA 22116  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President State: VA District: 11  Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS  Mailing Address 815 KING STREET SUITE 311  City ALEXANDRIA VA 22314  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President VA 22314  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President VA 22314  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President VA 22314  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President VA 22314  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.40  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.40  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Office Sought: X House Senate President X Primary General Preside	25 29
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NAME OF COMMITTEE (In Full)			
College of American Pathologists Political	Action Committee		
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President	Other (specify)		
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Mailing Address P.O. Box 651374			
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City Potomac Falls	State Zip Code VA 20165		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 56/56
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NAME OF COMMITTEE (In Full) College of American Pathologists Political A	Action Committee			
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