

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2011 through 03 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Renee R. Ellerbroek
Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 04 18 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		388632.97
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	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								
7. Total Disbursements (from Line 31)	73067.25	176210.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	345683.72	345683.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	62402.00	100552.00
(ii) Unitemized	21843.00	33359.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	84245.00	133911.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	84245.00	133911.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	-650.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	84245.00	133261.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	84245.00	133261.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Omar Nabil Ali, Dr.

Mailing Address Dept. of Pathology
4201 Medical Center Dr.

City State Zip Code
McHenry IL 60050

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

Name of Employer Occupation
Centegra-Memorial Medical Pathologist
Center

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2011

Transaction ID: SA11AI.40436

Amount of Each Receipt this Period
250.00

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

Mailing Address Dept of Path & Lab Med
MS 119

City State Zip Code
Lexington KY 40536-0298

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

Name of Employer Occupation
Univ of Kentucky Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2011

Transaction ID: SA11AI.40712

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
W Jessica Beier, Dr.

Mailing Address 1105 20th St E

City State Zip Code
Tifton GA 31794-3668

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

Name of Employer Occupation
Tifton Pathological Svcs Pathologist
PC

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2011

Transaction ID: SA11AI.40700

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 56
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
A. Jane Bennett-Munro, Dr.

Mailing Address PO Box 409
650 Addison Ave W

City State Zip Code
Twin Falls ID 83301

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

Name of Employer Occupation
Magic Valley Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: SA11AI.40676

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
E. Marian Bensema, Dr.

Mailing Address Department of Pathology
1740 Nicholasville Rd.

City State Zip Code
Lexington KY 40503

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

Name of Employer Occupation
Central Baptist Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40439

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
F. Peter Bernhardt, Dr.

Mailing Address Department of Pathology
800 Biesterfield Rd

City State Zip Code
Elk Grove Village IL 60007-3397

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

Name of Employer Occupation
Alexian Brothers Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: SA11AI.40383

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L Robert Bernstein, Dr.

Mailing Address Dept of Path
855 N Westhaven Dr

City Oshkosh State WI Zip Code 54904

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

Name of Employer Aurora Med Ctr of Oshkosh Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2011
Transaction ID: SA11AI.40396
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
M Ian Birkett, Dr.

Mailing Address 1 St Vincent Cir #160

City Little Rock State AR Zip Code 72205

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

Name of Employer Arkansas Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40393
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
G. Jared Block, Dr.

Mailing Address 2928 Forest Park Dr

City Charlotte State NC Zip Code 28209-1402

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

Name of Employer Carolinas Med Ctr - University Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40435
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joy Teri Bohlmeier, Dr.
Mailing Address 156 Vilulah Church Rd

City State Zip Code
Coleman GA 39836-4412

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Physicians Lab of NW Iowa Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 18 / 2011

Transaction ID: SA11AI.40616

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ann Marylee Braniecki, Dr.
Mailing Address 2078 Fargo Blvd.

City State Zip Code
Geneva IL 60134

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACL Illinois Central Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2011

Transaction ID: SA11AI.40376

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Hugo Jerry Broman, Dr.
Mailing Address 1005 Byers Ave

City State Zip Code
Chambersburg PA 17201-3817

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Chambersburg Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2011

Transaction ID: SA11AI.40442

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 56

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

D Linda Burkhardt, Dr.

Mailing Address 151 S 297th PI

City State Zip Code
Federal Way WA 98003-3629

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

Name of Employer Occupation
Puget Sound Inst of Pathology PLLC Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.40634

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

W. Jeff Byrd, Dr.

Mailing Address Laboratory
Gordon Ave at Mimosa Dr PO Box 101

City State Zip Code
Thomasville GA 31799-1018

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

Name of Employer Occupation
John D. Archbold Memorial Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.40528

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

R Brian Carlson, Dr.

Mailing Address 4733 Andrew Jackson Pkwy Ste G1

City State Zip Code
Hermitage TN 37076

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

Name of Employer Occupation
Pathologists Laboratory, PC Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.40599

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
K. David Carter, Dr.

Mailing Address Department of Pathology
407 E. 3rd St.

City Duluth State MN Zip Code 55805

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

Name of Employer St. Mary's/Duluth Clinic Health System Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40684

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
J Stephen Cina, Dr.

Mailing Address 640 SW 167th Way

City Pembroke Pines State FL Zip Code 33027-1044

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

Name of Employer Broward County Med Examiner Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40425

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Nicholas Patrick Costello, Dr.

Mailing Address Dept of Pathology
400 N State of Franklin Rd

City Johnson City State TN Zip Code 37604

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

Name of Employer Johnson City Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: SA11AI.40741

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
P. James Craig, Dr.

Mailing Address Pathology Department
900 East Oak Hill Avenue

City Knoxville State TN Zip Code 37917

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

Name of Employer St. Mary's Health System Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40523

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
L. Jeffrey Craver, Dr.

Mailing Address Dept of Pathology
200 Portland St

City Columbia State MO Zip Code 65201

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

Name of Employer Boyce & Bynum Pathology Labs PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40423

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A Barbara Crothers, Col

Mailing Address Building#2 Rm 4722
6900 Georgia Ave NW

City Washington State DC Zip Code 20307-5001

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

Name of Employer Walter Reed Army Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40740

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) W Abby Davis, Dr.		Date of Receipt
	Mailing Address 1001 S George St		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	York	PA	17403-3676
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40754
Name of Employer unaffiliated		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Ramon Fernando De Castro, Dr.		Date of Receipt
	Mailing Address 250 Fountain Ct		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Lexington	KY	40509-1888
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40473
Name of Employer Dermatopathology Reference Lab		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr.		Date of Receipt
	Mailing Address Laboratory 6100 Harris Parkway		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Ft Worth	TX	76132
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.40499
Name of Employer Harris Methodist Southwest		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E. Rosemary Detweiler, Dr.

Mailing Address Department of Pathology
6100 Harris Pkwy

City State Zip Code
Ft Worth TX 76132

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

Name of Employer Harris Methodist Southwest Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40500

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A Matthew Dress, Dr.

Mailing Address 7550 Wolf River Blvd Ste 200

City State Zip Code
Germantown TN 38138-1778

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

Name of Employer Trumbull Laboratories, LLC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: SA11AI.40703

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Eisenstein

Mailing Address Dept of Path
1364 Clifton Rd NE

City State Zip Code
Atlanta GA 30322-1059

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

Name of Employer Emory Univ Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40481

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 56

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
M. Margaret Flanagan, Dr.

Mailing Address 50 Kenwood Road

City State Zip Code
Chambersburg PA 17201-1256

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

Name of Employer Occupation
The Chambersburg Hospital Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.40690

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
P. Edward Fody, Dr.

Mailing Address Laboratory
602 Michigan Ave

City State Zip Code
Holland MI 49423

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

Name of Employer Occupation
Holland Community Hosp Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	1

Transaction ID: SA11AI.40509

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Lee Cynthia Foss-Bowman, Dr.

Mailing Address PO Box 61

City State Zip Code
West Rockport ME 04865-0061

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

Name of Employer Occupation
unaffiliated Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.40760

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 56

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kathryn Foucar

Mailing Address Hematopathology
1001 Woodward PI NE

City State Zip Code
Albuquerque NM 87102

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

Name of Employer Occupation
Univ of New Mexico Sch of Med Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2011

Transaction ID: SA11AI.40701

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Jane Marla Franks, Dr.

Mailing Address Laboratory
3950 Austell Road

City State Zip Code
Austell GA 30106

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

Name of Employer Occupation
Wellstar Cobb Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2011

Transaction ID: SA11AI.40742

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
C. Richard Friedberg, Dr.

Mailing Address Chairman, Dept of Pathology
759 Chestnut St

City State Zip Code
Springfield MA 01199

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

Name of Employer Occupation
Baystate Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2011

Transaction ID: SA11AI.40406

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) H. Keith Fulling, Dr.	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address Department of Lab Medicine 615 South New Ballas Road	Transaction ID: SA11AI.40669
	City State Zip Code St Louis MO 63141-8277	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Johns Mercy Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) L. David Gang, Dr.	Date of Receipt MM / DD / YYYY 03 / 03 / 2011
	Mailing Address Department of Pathology 759 Chestnut Street	Transaction ID: SA11AI.40407
	City State Zip Code Springfield MA 01199	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baystate Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) J. Alexandra Gillespie, Dr.	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 3111 Beverly Dr	Transaction ID: SA11AI.40598
	City State Zip Code Dallas TX 75205-2922	Amount of Each Receipt this Period 1100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PathAdvantage Assoc Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
F. Eric Glassy, Dr.

Mailing Address 19951 Mariner Ave Ste 160

City State Zip Code
Torrance CA 90503-1738

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

Name of Employer
Little Company of Mary Ho-sp-Torrance

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2011

Transaction ID: SA11AI.40380

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)
A Gary Gochman, Dr.

Mailing Address Lab
9333 E Imperial Hwy

City State Zip Code
Downey CA 90242-2812

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

Name of Employer
Kaiser Downey Medical Center

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2011

Transaction ID: SA11AI.40532

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
D. Jeffrey Goldstein, Dr.

Mailing Address Department of Pathology
800 Prudential Drive

City State Zip Code
Jacksonville FL 32207

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

Name of Employer
Baptist Medical

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2011

Transaction ID: SA11AI.40400

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
R. Richard Gomez, Dr.

Mailing Address Laboratory
1700 SW 7th St

City State Zip Code
Topeka KS 66606-2489

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

Name of Employer St Francis Hlth Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40667

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
J. Joseph Goswitz, Dr.

Mailing Address 311 Woodlawn Avenue

City State Zip Code
St. Paul MN 55105

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: SA11AI.40566

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
M Allen Gown, Dr.

Mailing Address 551 N 34th St Ste 100

City State Zip Code
Seattle WA 98103-8675

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

Name of Employer PhenoPath Labs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40614

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sylvester Michael Graff, Dr.
Mailing Address 290 Big Run Rd

City Lexington State KY Zip Code 40503-2903

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

Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40601
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Frances Mary Hahn, Dr.
Mailing Address 3919 E Bronco Trl

City Phoenix State AZ Zip Code 85044-2604

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

Name of Employer St Josephs Hosp and Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2011
Transaction ID: SA11AI.40675
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
A Lauren Hammock, Dr.
Mailing Address PO Box 72059

City Eugene State OR Zip Code 97401-0285

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

Name of Employer Pathology Consultants PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2011
Transaction ID: SA11AI.40608
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 56
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Alan Douglas Hansen, Dr.

Mailing Address 7620 Overlake Dr W

City State Zip Code
Medina WA 98039-4733

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

Name of Employer Occupation
Puget Sound Inst of Pathology PLLC Pathologist

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

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: SA11AI.40635

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
R. John Harbour, Dr.

Mailing Address 416 Wellfield Rd

City State Zip Code
Manakin-Sabot VA 23103

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

Name of Employer Occupation
Bon Secours St. Mary's Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
03 / 05 / 2011

Transaction ID: SA11AI.40420

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
C. John Harrison, Dr.

Mailing Address 2904 Westcorp Blvd SW Ste 108

City State Zip Code
Huntsville AL 35805-6437

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

Name of Employer Occupation
Pathology Associates PC Pathologist

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

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40605

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Richard Hausner, Dr.

Mailing Address 7941 Katy Freeway
#530

City State Zip Code
Houston TX 77024

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 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 Bldg
1 Medical Center Dr

City State Zip Code
Lebanon NH 03756

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

Name of Employer Dartmouth Hitchcock Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40472

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dwight Gordon Honda, Dr.

Mailing Address 305 Park Creek Dr

City State Zip Code
Clovis CA 93611-4426

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40602

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
G. Melvin Hoshiko, Dr.

Mailing Address Pathology Department
2801 Atlantic Ave

City Long Beach State CA Zip Code 90801-1428

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

Name of Employer Long Beach Memorial Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 08 / 2011
Transaction ID: SA11AI.40545
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
G Robert Huber, Dr.

Mailing Address 2504 Serravalle St NW

City Uniontown State OH Zip Code 44685-5727

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2011
Transaction ID: SA11AI.40773
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
J. David Huddleston, Dr.

Mailing Address Dept of Path
1304 Franklin Ave

City Normal State IL Zip Code 61761-3558

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

Name of Employer Advocate Bromenn Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2011
Transaction ID: SA11AI.40379
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 56
(check only one)

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<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
W Jerry Hussong, Dr.

Mailing Address Apt PH 1
8888 W 3rd

City State Zip Code
Los Angeles CA 90048-3232

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

Name of Employer Cedars-Sinai Medical Center
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: SA11AI.40434

Amount of Each Receipt this Period
312.00

B.

Full Name (Last, First, Middle Initial)
S Bharati Jhaveri, Dr.

Mailing Address 1312 Woods Farm Ln

City State Zip Code
Springfield IL 62704-6431

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

Name of Employer unaffiliated
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40668

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
P. Michael Johnson, Dr.

Mailing Address Dept of Pathology
503 E Thomason Cir

City State Zip Code
Opelika AL 36801

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

Name of Employer Lee Pathology Lab, PA
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: SA11AI.40543

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **862.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L. Rebecca Johnson, Dr.

Mailing Address Pathology & Clinical Labs
725 North Street

City Pittsfield State MA Zip Code 01201

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

Name of Employer Berkshire Health Systems Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2011
Transaction ID: SA11AI.40408
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Joseph Carmen Julius, Dr.

Mailing Address 1044 Belmont Ave

City Youngstown State OH Zip Code 44504-1096

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

Name of Employer St. Elizabeth Health Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2011
Transaction ID: SA11AI.40666
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
S Oliver Kim, Dr.

Mailing Address Department of Pathology
450 West Hwy 22

City Barrington State IL Zip Code 60010

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

Name of Employer Good Shepherd Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40494
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) R Thomas Kluzak, Dr.		Date of Receipt MM / DD / YYYY 03 / 11 / 2011
Mailing Address 3219 Keywest Ct		Transaction ID: SA11AI.40737
City Wichita	State KS	Zip Code 67204-2364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Via Christi Reg Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Doug Knapman		Date of Receipt MM / DD / YYYY 03 / 24 / 2011
Mailing Address 325 Waukegan Rd		Transaction ID: SA11AI.40460
City Northfield	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer College of American Path.	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) C Nancy Kois, Dr.		Date of Receipt MM / DD / YYYY 03 / 15 / 2011
Mailing Address 1577 E Holly St		Transaction ID: SA11AI.40662
City Boise	State ID	Zip Code 83712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Alphonsus Regional Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 27 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A. John Laczin, Dr.
Mailing Address 1950 Mulsanne Drive
City State Zip Code
Zionsville IN 46077
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Covance Central Lab Svcs, Inc Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2011
Transaction ID: SA11AI.40465
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Alisabeth Aimee League, Dr.
Mailing Address 2904 Westcorp Blvd SW Ste 108
City State Zip Code
Huntsville AL 35805-6437
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pathology Associates PC Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2011
Transaction ID: SA11AI.40606
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Nussen Susanne Lee, Dr.
Mailing Address 3805 W Chester Pike Ste 120
City State Zip Code
Newtown Square PA 19073-2304
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Institute for Dermatopathology PC Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2011
Transaction ID: SA11AI.40525
Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00
TOTAL This Period (last page this line number only) ►

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

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

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

A. Full Name (Last, First, Middle Initial)
G.B. Debra Leonard, Dr.

Mailing Address Weill Cornell Med Ctr
525 E 68th St

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
New York Presbyterian Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: SA11AI.40581

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
P Rodger Lewis, Dr.

Mailing Address PO Box 870
1209 Bishop ST

City State Zip Code
Union City TN 38281-0870

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

Name of Employer Occupation
Baptist Memorial Hosp-Uni- on City Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2011

Transaction ID: SA11AI.40401

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M. Bradley Linzie, Dr.

Mailing Address Lab Medicine and Pathology P4
701 Park Ave

City State Zip Code
Minneapolis MN 55415

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

Name of Employer Occupation
Hennepin County Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: SA11AI.40506

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
K. Gary Ludwig, Dr.

Mailing Address 408 E. Wisconsin Avenue

City Neenah State WI Zip Code 54956

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

Name of Employer Theda Clark Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.40699

Amount of Each Receipt this Period
 1000.00

B.

Full Name (Last, First, Middle Initial)
Gabriel Guillermo Martinez-Torres, Dr.

Mailing Address North Shore Pathologists SC
2323 N Lake Dr

City Milwaukee State WI Zip Code 53211-4508

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.40787

Amount of Each Receipt this Period
 1250.00

C.

Full Name (Last, First, Middle Initial)
H. Arthur McTighe, Dr.

Mailing Address Cheif, Dept of Pathology
201 E University Pkwy

City Baltimore State MD Zip Code 21218-2895

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

Name of Employer Union Memorial Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.40706

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 56
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) D. Bruce Melin, Dr.		Date of Receipt MM / DD / YYYY 03 / 03 / 2011
Mailing Address Department of Pathology 401 E Spruce St		Transaction ID: SA11AI.40678
City Garden City	State KS	Zip Code 67846-5672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Catherine Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Gerald Minkowitz		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 904 49th St		Transaction ID: SA11AI.40575
City Brooklyn	State NY	Zip Code 11219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Minkowitz Consultant Pathology	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) R. Dina Mody, Dr.		Date of Receipt MM / DD / YYYY 03 / 03 / 2011
Mailing Address Laboratory Medicine 6565 Fannin		Transaction ID: SA11AI.40692
City Houston	State TX	Zip Code 77030-2707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Methodist Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 56
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
K. Karla Murphy, Dr.

Mailing Address Doctors Plaza 3
1315 S Cliff Ave Ste 4100

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Physicians Laboratory Ltd Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2011

Transaction ID: SA11AI.40618

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J Joseph Natarelli, Dr.

Mailing Address 375 Ruby St

City State Zip Code
Clarendon Hills IL 60514-1316

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

Name of Employer Occupation
Provena St. Joseph Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2011

Transaction ID: SA11AI.40632

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Joseph James Navin, Dr.

Mailing Address 5287 Poola Street

City State Zip Code
Honolulu HI 96821

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

Name of Employer Occupation
Straub Clinic & Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2011

Transaction ID: SA11AI.40468

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 2350.00

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

**SCHEDULE A (FEC Form 3X)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J Lyle Noordhoek, Dr.
Mailing Address 2509 Felten Dr
City Hays State KS Zip Code 67601-2213
FEC ID number of contributing federal political committee. **C**
Name of Employer Quest Diagnostics Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 03 / 04 / 2011
Transaction ID: SA11AI.40637
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Burkhalter Ann Oaks, Dr.
Mailing Address 105 Ashbourne Lake Ct
City Clemmons State NC Zip Code 27012-7906
FEC ID number of contributing federal political committee. **C**
Name of Employer High Point Regional Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 03 / 11 / 2011
Transaction ID: SA11AI.40507
Amount of Each Receipt this Period 240.00

C. Full Name (Last, First, Middle Initial)
P. Steven Olson, Dr.
Mailing Address 1000 E 21st Suite 4100
City Sioux Falls State SD Zip Code 57105
FEC ID number of contributing federal political committee. **C**
Name of Employer Physicians Laboratory Ltd Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 04 / 2011
Transaction ID: SA11AI.40619
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1140.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) A. Stephen Ovanessoff, Dr.	Date of Receipt
	Mailing Address 10276 E. Bella Vista	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2011
	City State Zip Code Scottsdale AZ 85258	Transaction ID: SA11AI.40454
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation Clin-Path Associates, P.C. Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) T. William Pastuszak, Dr.	Date of Receipt
	Mailing Address Department of Pathology 80 Seymour St.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 11 / 2011
	City State Zip Code Hartford CT 06102-5037	Transaction ID: SA11AI.40502
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation Hartford Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Leon Fred Picklesimer, Dr.	Date of Receipt
	Mailing Address Dept of Path 290 Big Run Rd	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 29 / 2011
	City State Zip Code Lexington KY 40503-2903	Transaction ID: SA11AI.40600
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation Pathology & Cytology Labs Inc Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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FOR LINE NUMBER: PAGE 34 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Julie Plumbley, Dr.

Mailing Address Dept of Path
70 Med Ctr Cir Ste 309

City Fishersville State VA Zip Code 22939-2273

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

Name of Employer Blue Ridge Pathologists Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40417

Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Leigh Ehrlich Michelle Powers, Dr.

Mailing Address 14200 N May Ave Apt 2321

City Oklahoma City State OK Zip Code 73134-5031

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

Name of Employer The Pathology Group PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2011

Transaction ID: SA11AI.40696

Amount of Each Receipt this Period 325.00

C. Full Name (Last, First, Middle Initial)
L. James Puckett, Dr.

Mailing Address Department of Pathology
1 Hospital Drive

City Clarion State PA Zip Code 16214

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

Name of Employer Clarion Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.40445

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

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

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FOR LINE NUMBER: PAGE 35 / 56
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mick Raich

Mailing Address 111 Giles Ave Apt C

City Blissfield State MI Zip Code 49228-1290

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

Name of Employer Vachette Pathology Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2011

Transaction ID: SA11AI.40736

Amount of Each Receipt this Period
210.00

B. Full Name (Last, First, Middle Initial)
D Dennis Reinke, Dr.

Mailing Address 1107 Brooke Ave

City Wichita Falls State TX Zip Code 76301-5608

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2011

Transaction ID: SA11AI.40604

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Edward James Richard, Dr.

Mailing Address 2508 S Cedar St

City Lansing State MI Zip Code 48910

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

Name of Employer CAP Lab-PLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2011

Transaction ID: SA11AI.40429

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2210.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R Charles Robinson, Dr.
Mailing Address 40 Cedar Ridge Raod
City State Zip Code
Waynesboro VA 22980
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Blue Ridge Pathologists Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 1 1
Transaction ID: SA11AI.40418
Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
K. Sateesh Satchidanand, Dr.
Mailing Address Department of Pathology
2605 Harlem Road
City State Zip Code
Cheektowaga NY 14225
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
St. Joseph Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 1 1
Transaction ID: SA11AI.40680
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
F. Michael Schaldenbrand, Dr.
Mailing Address Department of Pathology
PO Box 2500
City State Zip Code
Dearborn MI 48123-2500
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Oakwood Hosp & Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 1 1
Transaction ID: SA11AI.40589
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A. Peter Scully, Dr.

Mailing Address Laboratory
4230 Burnham Ave

City Las Vegas State NV Zip Code 89119

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

Name of Employer Associated Pathologists Chartered Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: SA11AI.40395

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ann Mary Sens, Dr.

Mailing Address School of Medicine Hlth Sci
Dept of Path Rm 3133 Stop 9037

City Grand Forks State ND Zip Code 58202-6026

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

Name of Employer Univ of North Dakota School of Medicin Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: SA11AI.40715

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
S Gregory Severson, Dr.

Mailing Address 1907 S 182nd Circle

City Omaha State NE Zip Code 68130

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

Name of Employer Alegent Health Lakeside Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: SA11AI.40381

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
E. Mark Shertzer, Dr.
Mailing Address 25 Harrington Lane
City Dothan State AL Zip Code 36305
FEC ID number of contributing federal political committee. **C**
Name of Employer Southeast Alabama Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 25 / 2011
Transaction ID: SA11AI.40658
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
J. Edward Shumski, Dr.
Mailing Address 1103 Halstead Bayou Drive
City Ocean Springs State MS Zip Code 39564
FEC ID number of contributing federal political committee. **C**
Name of Employer Biloxi Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 03 / 11 / 2011
Transaction ID: SA11AI.40409
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
M Gregory Smith, Dr.
Mailing Address 712 S Cascade St
City Fergus Falls State MN Zip Code 56537-2913
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Region Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40539
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 39 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
B Jeffrey Smith, Dr.
Mailing Address 1395 S Pinellas Avenue
City Tarpon Springs State FL Zip Code 34689-9907
FEC ID number of contributing federal political committee. **C**
Name of Employer Helen Ellis Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40505
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
N Gregory Sossaman, Dr.
Mailing Address 1514 Jefferson Hwy
City New Orleans State LA Zip Code 70121-2483
FEC ID number of contributing federal political committee. **C**
Name of Employer Ochsner Clinic Foundation Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 06 / 2011
Transaction ID: SA11AI.40591
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
H. James Spigel, Dr.
Mailing Address Department of Pathology
1100 Central Ave SE
City Albuquerque State NM Zip Code 87106
FEC ID number of contributing federal political committee. **C**
Name of Employer Presbyterian Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 29 / 2011
Transaction ID: SA11AI.40626
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 56
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
C Robert Stern, Dr.

Mailing Address ADC Laboratory
4th floor, South Wing

City Austin State TX Zip Code 78758

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

Name of Employer Austin Diagnostic Clinic Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2011

Transaction ID: SA11AI.40397

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
A. Gerald Stolz, Dr.

Mailing Address PO Box 925

City Russellville State AR Zip Code 72811

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

Name of Employer Pathology Services Lab, PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2011

Transaction ID: SA11AI.40613

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Allen Craig Storm, Dr.

Mailing Address 8 Stagecoach Rd

City Lebanon State NH Zip Code 03766

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

Name of Employer Dartmouth Hitchcock Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2011

Transaction ID: SA11AI.40471

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lynn Sharon Swierczynski, Dr.

Mailing Address PO Box 16052
6th Ave & Spruce St

City Reading State PA Zip Code 19612

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

Name of Employer The Reading Hosp & Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2011
Transaction ID: SA11AI.40697
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
S Mark Synovec, Dr.

Mailing Address Laboratory
1500 SW 10th Street

City Topeka State KS Zip Code 66606

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

Name of Employer Stormont-Vail Reg Health Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 18 / 2011
Transaction ID: SA11AI.40688
Amount of Each Receipt this Period 750.00

C. Full Name (Last, First, Middle Initial)
E Paula Szytko, Dr.

Mailing Address Dept of Path
601 N Elm St PO Box HP-5

City High Point State NC Zip Code 27261

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

Name of Employer High Point Regional Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2011
Transaction ID: SA11AI.40508
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brent L Talbott, Dr.
Mailing Address 3445 Executive Ctr Dr Ste 250
City Austin State TX Zip Code 78731
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Pathology Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 08 / 2011
Transaction ID: SA11AI.40453
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
H Matthew Twohig, Dr.
Mailing Address 2400 N Rockton Ave
City Rockford State IL Zip Code 61103-3655
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockford Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40647
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
L Richard Voet, Dr.
Mailing Address Dept of Path 8200 Walnut Hill Ln
City Dallas State TX Zip Code 75231-4426
FEC ID number of contributing federal political committee. **C**
Name of Employer Presbyterian Hospital Dal-las Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40627
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 56
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
M. Arthur Vogel, Dr.

Mailing Address 6825 216th Street SW
Suite E

City Lynnwood State WA Zip Code 98036-7379

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

Name of Employer Cytolab Pathology Svcs, Inc PS Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2011
Transaction ID: SA11AI.40466
Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
E Deborah Ward, Dr.

Mailing Address Greene Memorial Hospital
Laboratory

City Xenia State OH Zip Code 45385-1619

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2011
Transaction ID: SA11AI.40800
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
A. Robert Wessels, Dr.

Mailing Address 710 Fm 1960 Rd W

City Houston State TX Zip Code 77090-3402

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

Name of Employer Houston Northwest Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2011
Transaction ID: SA11AI.40514
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M. Thomas Wheeler, Dr.

Mailing Address Department of Pathology
One Baylor Plaza

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
Baylor College of Medicine Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2011

Transaction ID: SA11AI.40404

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
L. John Wilhelmus, Dr.

Mailing Address 87 Lantern Way

City State Zip Code
Nicholasville KY 40356-9009

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

Name of Employer Occupation
St. Joseph Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2011

Transaction ID: SA11AI.40671

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
R. Bruce Williams

Mailing Address 2915 Missouri Avenue

City State Zip Code
Shreveport LA 71109

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

Name of Employer Occupation
The Delta Pathology Group, LLP Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2011

Transaction ID: SA11AI.40691

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 56
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) Theresa Susan Williams, Dr.		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 150 Collins St		Transaction ID: SA11AI.40492		
	City Memphis	State TN	Zip Code 38112	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GI Pathology, PLLC		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) B. Gary Witkin, Dr.		Date of Receipt MM / DD / YYYY 03 / 11 / 2011		
	Mailing Address Dept of Pathology 4755 Ogletown-Stanton Rd		Transaction ID: SA11AI.40443		
	City Newark	State DE	Zip Code 19718	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Christiana Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) L. Sherry Woodhouse, Dr.		Date of Receipt MM / DD / YYYY 03 / 25 / 2011		
	Mailing Address 1440 Coral Ridge Dr #296		Transaction ID: SA11AI.40609		
	City Coral Springs	State FL	Zip Code 33071	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathology Consultants of S Broward		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
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<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Andrew John Wright, Dr.		Date of Receipt
	Mailing Address 1001 S George St		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	York	PA	17403-3676
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer York Hosp		Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	
			Transaction ID: SA11AI.40751
			Amount of Each Receipt this Period <input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="62402.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement SUNTRUST ACCOUNT ANALYSIS FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40836</p> <p>Date of Disbursement MM / DD / YYYY 03 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 50.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement SUNTRUST ACTIVITY FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40837</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1.75</p>

SUBTOTAL of Disbursements This Page (optional) ►

52.25

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

52.25

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) 21ST CENTURY MAJORITY FUND	Transaction ID: SB23.40805 Date of Disbursement
	Mailing Address 6065 Roswell Road BOX 2274	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.40806 Date of Disbursement
	Mailing Address 349 KEATING ST	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City HENDERSON State NV Zip Code 89014	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE	Transaction ID: SB23.40807 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
DAVID SCHWEIKERT FOR CONGRESS

Mailing Address 8776 E SHEA BLVD
SUITE B3A-626

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
DEBT RETIREMENT 2010 GENERAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
DEBT RETRMNT

State: AZ District: 05

Transaction ID: SB23.40829
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capital Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.40810
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Transaction ID: SB23.40812
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: SB23.40813 Date of Disbursement 03 / 28 / 2011
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 2500.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs	Transaction ID: SB23.40814 Date of Disbursement 03 / 28 / 2011
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 1000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MIKE LEE INC	Transaction ID: SB23.40815 Date of Disbursement 03 / 28 / 2011
	Mailing Address 190 WEST 800 NORTH STE 100	Amount of Each Disbursement this Period 2500.00
	City PROVO State UT Zip Code 84601	
	Purpose of Disbursement DEBT RETIREMENT 2010	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETRMNT

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH	Transaction ID: SB23.40817
	Mailing Address 51 GLENEIDA AVENUE P.O. BOX 188	Date of Disbursement MM / DD / YYYY 03 / 28 / 2011
	City CARMEL	State NY
	Zip Code 10512	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement DEBT RETIREMENT 2010	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETRMNT
	State: NY District: 19	

B.	Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS	Transaction ID: SB23.40819
	Mailing Address 507 CAPITOL COURT NE # 100	Date of Disbursement MM / DD / YYYY 03 / 28 / 2011
	City WASHINGTON	State DC
	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 04	

C.	Full Name (Last, First, Middle Initial) GERLACH, JIM	Transaction ID: SB23.40821
	Mailing Address PO Box 2776	Date of Disbursement MM / DD / YYYY 03 / 28 / 2011
	City Arlington	State VA
	Zip Code 22202	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 06	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. GERRY CONNOLLY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: VA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.40834

Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

B. GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 815 KING STREET
SUITE 311

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: GA District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.40802

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2500.00

C. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 406 College View Drive

City Elizabethtown State KY Zip Code 42701

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.40822

Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive Suite 307 City Bowie State MD Zip Code 20716 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: SB23.40823 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS Mailing Address 888 16TH STREET, NW SUITE 680 City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 11	Transaction ID: SB23.40824 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City LONG BRANCH State NJ Zip Code 07740 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	Transaction ID: SB23.40825 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: SB23.40826
	Mailing Address Post Office Box 581	Date of Disbursement 03 / 28 / 2011
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS	Transaction ID: SB23.40827
	Mailing Address 2501 WISCONSIN AVENUE # 304	Date of Disbursement 03 / 28 / 2011
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sullivan for Congress	Transaction ID: SB23.40831
	Mailing Address P.O. Box 651374	Date of Disbursement 03 / 28 / 2011
	City Potomac Falls State VA Zip Code 20165	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTI-
CS

Mailing Address 104 Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.40832

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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