07/20/2011 14:27

Image# 11932019509

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				THUH AH	Adtiioi	1200 0					Office	e Use Only	
1.	NAME OF COMMITTEE (in full)			IAILING LAE OR PRINT	BEL	Example over the	e:If typi	ng, type					
l ,	College of American Path	ologists P	olitical	Action Comr	mittee	1 1 1		1 1		1 1		1 1 1	.
Ш			1 1										
AD	DRESS (number and street)	Ш		reet, NW									
	Check if different	Su	ite 590) 									
L	than previously reported. (ACC)	LW	ashing	ton					J L	DC		20005	-
2.	FEC IDENTIFICATION N	IUMBER	*		CITY A	ı			ST	TATE #	4	ZIPCO	DE 🛕
	C00274944				3. IS TH REPO	_	X	NEW (N)	OR		AMENDI (A)	ΕD	
4.	TYPE OF REPORT (Choose One)	(i	o) Moi Rep	ort	Feb 20 ((M2)		May 20	(M5)		Aug 20 (M	8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due	e On:	Mar 20 ((M3)		Jun 20	(M6)		Sep 20 (M	9)	Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)	Х	Jul 20 (M7)		Oct 20 (M	10)	Jan 31 (YE)
	Quarterly Repor	rt(Q1)	(c)	12-Day		Prin	nary (1	2P)		Ger	neral (12G)		Runoff (12R)
	July 15 Quarterly Repo	rt(Q2)	(0)	PRE-Election		=			H		, ,		
	October 15	-t(O0)		Report for t	he:	Cor	nventior	1 (12C)		Spe	ecial (12G)		
	Quarterly Reportant January 31 Quarterly Report	` ′		E	Election or							in the State	of
	July 31 Mid-Yea		(d)	30-Day									-
	Report(Non-ele Year Only) (MY)	(u)	Post -Elect		Ger	neral (3	0G)		Rur	noff (30R)		Special (30S)
	Termination Re (TER)	port							1 [in the	
				E	Election or	1		-			-	State	of L
5.	Covering Period	0 6	0 1	201	1	1	through		0 6	3 0	20	1 1	
Lce	ertify that I have examined th	nis Report	and to	the best of r	nv knowle	dge and l	nelief it	is true, co	orrect an	ıd comi	nlete.		
	oe or Print Name of Treasur			ee R. Ellerbr	-								
										_			
Sig	nature of Treasurer Elec	ctronically	Filed b	y Dr. Ren	ee R. Ellei	broek			Dat	ie _	0 7	20	2011
NO	TE : Submission of false, e	erroneous,	or inc	omplete infor	mation ma	y subject	t the pe	rson sign	ing this	Report	to the penal	ties of 2 U.	S.C 437g.
	Office Use										FE	EC FOR	
	Only	1						- 1	1			(Rev. 12/20	JU4)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

	eport Covering the Period: From:	0011111111	To: 0.6 30 201.1
	-	COLUMN A This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		388632.97
	(b) Cash on Hand at Begining of Reporting Period	438722.72	
	(c) Total Receipts (from Line 19)	32958.86	259401.86
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	471681.58	648034.83
7.	Total Disbursements (from Line 31)	75065.50	251418.75
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	396616.08	396616.08
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

м м 0 6 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 25785.00 186557.00 (i) Itemized (use Schedule A) 7173.86 71494.86 (ii) Unitemized (iii) TOTAL (add 32958.86 258051.86 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 32958.86 258051.86 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 1350.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 32958.86 259401.86 12, 13, 14, 15, 16, 17, and 18(c))

FE6AN026

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

32958.86

259401.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:	Total Tills Feriou	Odiendai Tear-to-Date
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
()		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	65.50	418.75
Expenditures	65.50	416.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	65.50	418.75
Transfers to Affiliated/Other Party	00.00	110.70
Committees	0.00	0.00
. Contributions to		
Federal Candidates/Committeesand Other Political Committees	75000.00	250718.00
Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Coordinated Experiolitries Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)		0.30
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(h) Ballifad Barta Carresina	0.00	0.00
(b) Political Party Committees (c) Other Political 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
. Other Disbursements	0.00	282.00
Fodoval Floation Activity (211 C.C. 421 (20))		
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
() - 222-2 2-22		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	5.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	75065.50	251418.75
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	75005.50	051110.75
from Line 31)	75065.50	251418.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	32958.86	258051.86
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32958.86	258051.86
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	65.50	418.75
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	65.50	418.75

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17 Property of the purpose of soliciting contributions
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) College of American Pathologists Politic	name and ad	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) H Paul Atmajian, Dr. Mailing Address PO Box 2130			Date of Receipt
	City	State	Zip Code	0 6 2 9 2 0 1 1 Transaction ID: SA11AI.41361
	Clovis	CA	93613-2130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Pathology Associates	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Nadarajah Balasubramaniam			Date of Receipt
	Mailing Address Dept. of Pathology 1101 Nott St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.41362
	Schenectady	NY	12308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Ellis Hospital	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
с. С.	Full Name (Last, First, Middle Initial) Kai Ayana Barbarin, Dr.			Date of Receipt
	Mailing Address Dept of Path 11751 Interchange Dr			06 29 2011
	City	State	Zip Code	Transaction ID: SA11AI.41364
	Louisville	KY	40229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Laboratory Corporation of America	Occupatio Patholog	ist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
ı				

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) S. Michael Brown, Dr.			Date of Receipt
	Mailing Address 2900 12th Ave North Suite 260W			06 15 2011
	City Billings	State MT	Zip Code 59101	Transaction ID: SA11AI.41368 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Pathology Consultants	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Б.	Full Name (Last, First, Middle Initial) A. Desiree Carlson, Dr.	1		Date of Receipt
	Mailing Address Chief of Pathology 680 Centre Street			06 14 2011
	City Brockton	State MA	Zip Code 02302-3395	Transaction ID: SA11AI.41371
	FEC ID number of contributing federal political committee.	C	02302-3393	Amount of Each Receipt this Period 2500.00
	Name of Employer Brockton Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
с. С.	Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr.			Date of Receipt
	Mailing Address Department of Patholo 206 E. Brown Street	ogy		06 29 2011
	City East Stroudsburg	State PA	Zip Code 18301	Transaction ID: SA11AI.41374 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10001	100.00
	Name of Employer Pocono Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			3600.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X)

Any informa or for comm			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
\	tion copied from such Reports and Sercial purposes, other than using the FCOMMITTEE (In Full) of American Pathologists Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nam	e (Last, First, Middle Initial) homas Cooper, Dr.			Date of Receipt
	ddress 5620 East El Parque S			06 29 2011
City <u>Long</u> B	each	State CA	Zip Code 90815-4129	Transaction ID: SA11AI.41379
FEC ID r	number of contributing olitical committee.	C	90013-4129	Amount of Each Receipt this Period 100.00
	Employer a Hosp Med Ctr	Occupatio Patholog		
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
S. Gabino	e (Last, First, Middle Initial) o Cuevas, Dr.			Date of Receipt
Mailing A	ddress Department of Patholo 2815 South Seacrest	Blvd.		06 29 2011
City	n Beach	State FL	Zip Code	Transaction ID: SA11AI.41380
FEC ID r	number of contributing olitical committee.	C	33435	Amount of Each Receipt this Period 250.00
Name of Bethesda	Employer a Memorial Hosp	Occupatio Patholog		
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	e (Last, First, Middle Initial) d Eisen, Dr.			Date of Receipt
Mailing A	ddress Department of Patholo 5 Perryridge Rd	ogy		06 29 2011
City <u>Greenw</u>	<i>i</i> ich	State CT	Zip Code 06830-4697	Transaction ID: SA11AI.41386 Amount of Each Receipt this Period
FEC ID r	number of contributing olitical committee.	C	00030-4097	500.00
Name of Greenwi	Employer ch Hosp	Occupatio Patholog		
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTA	L of Receipts This Page (optional) .	1		850.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FOITEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Full College of American Pathol	an using the name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ini Ludmila Epshteyn Mailing Address 55 Fogg Rd City Weymouth FEC ID number of contributing federal political committee.	State MA	Zip Code 02190-2455	Date of Receipt M M M C 29 29 2011 Transaction ID: SA11AI.41390 Amount of Each Receipt this Period 350.00
Name of Employer South Shore Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Yea	ar-to-Date ▼ 350.00	
Full Name (Last, First, Middle Ini E. Lynn Ezell, Dr. Mailing Address Dept of Path 1968 Peach City Atlanta FEC ID number of contributing	<u> </u>	Zip Code 30309-1285	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ini F Kenneth Grant, Dr. Mailing Address Dept of Path Taylor at Ma City Columbia FEC ID number of contributing federal political committee.	State SC	Zip Code 29220	Date of Receipt M M M / D D / Y Y Y Y Y O 6 29 2011 Transaction ID: SA11AI.41398 Amount of Each Receipt this Period 250.00
Name of Employer Palmetto HIth Baptist Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Yea	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)]	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) C Christopher Hardy, Dr. Mailing Address 855 Illini Dr Ste 203 City	State Zip Code	Date of Receipt M M
Silvis FEC ID number of contributing federal political committee.	IL 61282	Amount of Each Receipt this Period 500.00
Name of Employer Genesis Med Ctr Illini Ca- mpus Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) G Steven Hom, Dr. Mailing Address Dept of Path 311 W 8th St NE City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Rome FEC ID number of contributing federal political committee.	GA 30165-2723	Amount of Each Receipt this Period 1000.00
Name of Employer SouthEastern Pathology, P.C. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) T. Michael Kafka, Dr. Mailing Address Department of Patho	ology	Date of Receipt
2720 Stone Park Blv City Sioux City FEC ID number of contributing	State Zip Code IA 51104	Transaction ID: SA11AI.41412 Amount of Each Receipt this Period 5000.00
name of Employer St. Luke's Reg Med Ctr	Occupation Pathologist	3000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)		6500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one)
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
- I \	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action (Committee	
	Full Name (Last, First, Middle Initial) H Richard Kelty, Dr.			Date of Receipt
	Mailing Address 3664 Twin Lake Ridge			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.41414
	Westlake Village	CA	91361-3927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
•	Name of Employer Los Robles Reg Med Ctr	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	1
	Full Name (Last, First, Middle Initial) Shannon Kratzer			Date of Receipt
	Mailing Address 3445 Executive Ctr Dr	Ste 250		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.41420
•	Austin	TX	78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
1	Name of Employer Clinical Path Associates	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Raymond Bruce Krawisz, Dr.			Date of Receipt
	Mailing Address Department of Patholo 1000 N Oak Ave	ogy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.41421
•	Marshfield	WI	54449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer St. Joseph Hosp/Marshfield Clinic	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
SL	JBTOTAL of Receipts This Page (optional)		\	1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements mathe	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) R Paula Larson, Dr.			Date of Receipt
Mailing Address 7700 Floyd Curl Dr			0 6 1 0 2 0 1 1
City San Antonio	State TX	Zip Code 78229-3979	Transaction ID: SA11AI.41427 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70225-5979	1000.00
Name of Employer Southwest Texas Methodist Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Rodolfo Laucirica			Date of Receipt
Mailing Address Dept Of Pathology 1 Baylor Plz			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston	State TX	Zip Code 77030-3498	Transaction ID: SA11AI.41428
FEC ID number of contributing federal political committee.	C	77030-3490	Amount of Each Receipt this Period
Name of Employer Baylor College of Medicine	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	_ , ' 	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. John Moad, Dr.			Date of Receipt
Mailing Address 7835 Paragon Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State OH	Zip Code	Transaction ID: SA11AI.41440
Dayton FEC ID number of contributing federal political committee.	C	45459-4021	Amount of Each Receipt this Period 500.00
Name of Employer Derm-Path Lab of Central States	Occupation Patholog	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)		1600.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to gists Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initi T Ann Moriarty, Dr. Mailing Address 3643 Delawa City Indianapolis		Date of Receipt 0 6 29 2011 Transaction ID: SA11AI.41442 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AmeriPath Indiana Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initi S. John Oehrle, Dr. Mailing Address Department of 1301 Carlisle	of Laboratories	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.41449
Natrona Heights FEC ID number of contributing federal political committee.	PA 15065	Amount of Each Receipt this Period 400.00
Name of Employer Allegheny Valley Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initi W. Richard Pearson, Dr. Mailing Address Ball Mem Ho 2401 Univers	sp	Date of Receipt 0 6 2 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11Al.41455
Muncie FEC ID number of contributing federal political committee.	IN 47303	Amount of Each Receipt this Period 250.00
Name of Employer PA Labs LLC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	optional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (Committee	
Full Name (Last, First, Middle Initial) Janet Piscitelli			Date of Receipt
Mailing Address 1 Malcolm Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.41456
Teterboro	NJ	07608-1011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Quest Diagnostics	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C Blair Presti, Dr.			Date of Receipt
Mailing Address Dept of Path 1008 Minnequa Ave			06 29 7 2011
City	State	Zip Code	Transaction ID: SA11Al.41457
Pueblo	CO	81004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Mary-Corwin Med Ctr	Occupatio Patholog		
Receipt For:	_ , '	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mick Raich			Date of Receipt
Mailing Address 111 Giles Ave Apt C			0 6 29 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.41460
Blissfield	MI	49228-1290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer Vachette Pathology	Occupatio unknown	1	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		840.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		710.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Mazhar Rishi		Date of Receipt
Mailing Address 701 N Clayton St		06 29 2011
City <u>Wilmington</u>	State Zip Code DE 19805	Transaction ID: SA11AI.41461
FEC ID number of contributing federal political committee.	DE 19805	Amount of Each Receipt this Period 250.00
Name of Employer St. Francis Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F Thomas Ruhlen, Dr.		Date of Receipt
Mailing Address 14185 W. Desert Co	ve Rd.	06 29 2011
City	State Zip Code	Transaction ID: SA11AI.41462
Surprise	AZ 85379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Assoc Ltd	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Imran Shahab		Date of Receipt
Mailing Address 5956 Davenhill Dr		0 6 28 2011
City	State Zip Code	Transaction ID: SA11AI.41469
Plano	TX 75093-4346	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer MD Pathology	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
SURTOTAL of Receipts This Page (ontional)		2000.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	d Statements may not be sold or used by any personante name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) B. Ervin Shaw, Dr. Mailing Address Department of Patho	ology	Date of Receipt 0 6 1 7 2 0 1 1
2720 Sunset Blvd. City West Columbia FEC ID number of contributing federal political committee.	State Zip Code SC 29169-4810	Transaction ID: SA11AI.41470 Amount of Each Receipt this Period 1000.00
Name of Employer Lexington Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Kenneth Peter Shireman, Dr. Mailing Address 1774 Peck St City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Muskegon FEC ID number of contributing federal political committee.	MI 49441	Amount of Each Receipt this Period 250.00
Name of Employer Westshore Diagnostics PC Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Stuart Jonathan Strauss, Dr. Mailing Address Lab	Cho 105	Date of Receipt 0 6 0 9 2 0 1 1
City Las Vegas	State Zip Code NV 89119-5410	Transaction ID: SA11AI.41479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Incorporated Receipt For:	C Occupation Pathologist Aggregate Year-to-Date ▼	1000.00
Primary General Other (specify) ▼	1000.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/28 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) R Arthur Summerlin, Dr.			Date of Receipt
Mailing Address 1801 1st Ave S			06 29 2011
City	State AL	Zip Code	Transaction ID: SA11AI.41480
Birmingham FEC ID number of contributing federal political committee.	C	35233	Amount of Each Receipt this Period 250.00
Name of Employer Lab Corp of America	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P. John Tinsley, Dr. Mailing Address Department of Path	nology		Date of Receipt
206 E. Brown St.	State	Zip Code	0 6 2 9 2 0 1 1 Transaction ID: SA11AI.41484
East Stroudsburg	PA	18301-3094	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Pocono Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) M Robert Todd, Dr.			Date of Receipt
Mailing Address NW Texas Hosp 1501 S Coulter St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Amarillo	State TX	Zip Code 79106-1770	Transaction ID: SA11AI.41485
FEC ID number of contributing federal political committee.	C	79100-1770	Amount of Each Receipt this Period 300.00
Name of Employer Amarillo Pathology Assocs LTD	Occupatio Patholog	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Tai-Po Tschang		Date of Receipt
Mailing Address Dept of Path 1303 E Herndon Ave		06 29 2011
City Fresno	State Zip Code CA 93720	Transaction ID: SA11AI.41487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St Agnes Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.		Date of Receipt
Mailing Address 2201 Carbon Hill Dr		06 29 2011
City	State Zip Code	Transaction ID: SA11AI.41488
Midlothian	VA 23113-2516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Commonwealth Lab Consulta- nts	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.		Date of Receipt
Mailing Address 3445 Executive Ctr I	Or	0 6 2 9 2 0 1 1
City Austin	State Zip Code TX 78731	Transaction ID: SA11AI.41493
FEC ID number of contributing federal political committee.	C 78731	Amount of Each Receipt this Period 200.00
Name of Employer Clinical Path Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
CURTOTAL of Passints This Pass (antional))	825.00

A.

PAGE 19 / 28 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt E Keith Volmar, Dr. Mailing Address 4420 Lake Boone Trail 06 15 2011 City State Zip Code Transaction ID: SA11AI.41494 Raleigh NC 27607-7505 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 C federal political committee. Name of Employer Rex Healthcare Hosp Occupation Pathologist Receipt For: Aggregate Year-to-Date Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) В. D. Douglas Wilson Date of Receipt Mailing Address Department of Pathology 0 6 03 2011 1924 Alcoa Highway City State Zip Code Transaction ID: SA11AI.41500 Knoxville TN 37920 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Univ of Tennessee Med Ctr Occupation Pathologist Knoxville Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	25785.00

500.00

Other (specify)

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 20/28 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: SB21B.41511 Sun Trust Bank Date of Disbursement 03 0 6 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 15.00 Purpose of Disbursement Suntrust Moneris ACH Fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.41512 Sun Trust Bank Date of Disbursement 0 6 2 Ŏ 2011 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 50.50 Purpose of Disbursement Suntrust Account Analysis Fee Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	65.50
TOTAL This Period (last page this line number only)	•	65.50

Primary

Other (specify)

State:

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) BILL JOHNSON FOR CONGRESS COMMITTEE Mailing Address 104 Hume Avenue Transaction ID: SB23.41513 Date of Disbursement M Milling Address 104 Hume Avenue	SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s) FOR LINE (check onli	NUMBER: PAGE 21 / 28
NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) BILL JOHNSON FOR CONGRESS COMMITTEE Mailing Address 104 Hume Avenue City State Zip Code VA 22301 Purpose of Disbursement Candidate Name Office Sought: X House President City State: OH District: 106 Full Name (Last, First, Middle Initial) BILL KEATING COMMITTEE; THE Mailing Address 209 PENNSYLVANIA AVE, SE City State: Zip Code VA 22011 Amount of Each Disbursement this Perio Transaction ID: SB23.41540 Date of Disbursement this Perio Transaction ID: SB23.41540 Date of Disbursement Office Sought: X House Disbursement For: 2012 WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Office Sought: X House President State: MA District: 10 District: 10 Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City Hollidaysburg PA 16648 Purpose of Disbursement Cardidate Name Office Sought: X House President Cardidate Name Office Sought: X House President Category/ Type Office Sought: X House President State: MA District: 10 Districts 10 Category/ Type Office Sought: X House President Category/ Type Office Sought: X House President Category/ Type Office Sought: X House President Category/ Type Office Sought: X House Pake Type Type Type Type T		Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
BILL JOHNSON FOR CONGRESS COMMITTEE Mailing Address 104 Hume Avenue City State Zip Code Alexandria VA 22301 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: OH District: 06 Full Name (Last, First, Middle Initial) BILL KEATING COMMITTEE; THE Mailing Address 209 PENNSYLVANIA AVE, SE City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Senate President Other (specify) ▼ Transaction ID: SB23.41540 Date of Disbursement this Period Disbursement this Disbursement this Period Disbursement this Disburs	or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and address of any politic		
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Alexandria VA 22301 Purpose of Disbursement Category/ Type Office Sought:	Mailing Address 104 Hume Avenue			0 6 1 5 2 0 1 1
Candidate Name Category/ Type Office Sought: X House Senate President State: OH District: 06 Full Name (Last, First, Middle Initial) BILL KEATING COMMITTEE; THE Mailing Address 209 PENNSYLVANIA AVE, SE City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Other (specify) ▼ Amount of Each Disbursement this Perior	Alexandria			Amount of Each Disbursement this Perio
Office Sought:	· 		Category/	1000.00
BILL KEATING COMMITTEE; THE Mailing Address 209 PENNSYLVANIA AVE, SE City State Zip Code WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President State: MA District: 10 Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City State Zip Code Amount of Each Disbursement this Perior Category/ Type City State Zip Code Hollidaysburg PA 16648 Purpose of Disbursement Candidate Name Disbursement For: 2012 State Zip Code Hollidaysburg PA 16648 Purpose of Disbursement Candidate Name Disbursement For: 2012 Amount of Each Disbursement this Perior 2012 Amount of Each Disbursement Unit Perior 2012 Senate Senate President Other (specify) ▼ Amount of Each Disbursement this Perior 2012 Senate X Primary General President Other (specify) ▼	Senate President	X Primary Genera		
City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: MA District: 10 Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City State Zip Code Hollidaysburg PA 16648 Purpose of Disbursement Category/ Type Transaction ID: SB23.41515 Date of Disbursement Mo M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				Date of Disbursement
Purpose of Disbursement Candidate Name Office Sought: X House Senate President Other (specify) ▼ State: MA District: 10 Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City State Zip Code Hollidaysburg PA 16648 Purpose of Disbursement Candidate Name Category/ Type Transaction ID: SB23.41515 Date of Disbursement Office Sought: X House PA 16648 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) ▼ Category/ Type Office Sought: X House Senate President Other (specify) ▼	Mailing Address 209 PENNSYLVANIA	AVE, SE		0 6 1 5 2 0 1 1
Candidate Name Category/ Type Office Sought:				Amount of Each Disbursement this Perio
Office Sought: X House Senate President State: MA District: 10 Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City Hollidaysburg PA 16648 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Disbursement For: 2012 Amount of Each Disbursement this Period Category/Type Office Sought: X House Senate President Disbursement For: 2012 Amount of Each Disbursement this Period Category/Type Other (specify) ▼	Purpose of Disbursement			1000.00
Senate	Candidate Name			
BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City State Zip Code Hollidaysburg PA 16648 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President Disbursement For: 2012 X Primary General Other (specify) Condition To Disbursement For: 2012 Date of Disbursement Amount of Each Disbursement this Perion Category/ Type Condition To Disbursement For: 2012 X Primary General Other (specify) Condition To Disbursement For: 2012	Senate President	X Primary Genera		
City State Zip Code Hollidaysburg PA 16648 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Senate President President State Zip Code Amount of Each Disbursement this Period Part Type Category/ Type Other (specify) ▼	, , ,			Date of Disbursement
Hollidaysburg Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Senate President President Disbursement For: 2012 X Primary General Other (specify) ▼	Mailing Address PO Box 27			06 15 2011
Candidate Name Category/ Type Office Sought: X House Senate X Primary General President Other (specify)				
Office Sought: X House Disbursement For: 2012 Senate X Primary General President Other (specify) \empty	Purpose of Disbursement			2000.00
Senate X Primary General President Other (specify) ▼	Candidate Name			
State: PA DISTRICT: U9	Senate	X Primary Genera	ı	

	B (FEC Form 3X)	Use sep	arate schedule(s)	_	E NUMBER: PAGE 22 / 28	
ITEMIZED D	ISBURSEMENTS	for each	category of the Summary Page	(check or 21b	22 X 23 24 25 C	
Any Information cor	 pied from such Reports and Sta	atements may n	ot be sold or used	by any persor	28a 28b 28c 29 n for the purpose of soliciting contributions	
					solicit contributions from such committee	
l \	MMITTEE (In Full) nerican Pathologists Politi	cal Action Co	ommittee			
Full Name (Last	t, First, Middle Initial) ALUES PAC				Transaction ID: SB23.41517 Date of Disbursement	
Mailing Address	4096 VIRGINIA AVE				06 15 / 2011	
City ALEXANDRIA	 A	State VA	Zip Code 22302		Amount of Each Disbursement this Per	
Purpose of Disk	bursement			•	2000.00	
Candidate Nam	e			Category/ Type		
Office Sought:	Senate President	orsement For: Primary Other (spe	2011 X General			
State:	District: t, First, Middle Initial)					
	DERSHIP PAC				Transaction ID: SB23.41518 Date of Disbursement	
Mailing Address	900 19th Street, NW 8th Floor				06 M / D15 / Y 2011	
City Washington		State DC	Zip Code 20006		Amount of Each Disbursement this Per	
Purpose of Disk	pursement				3000.00	
Candidate Nam	e			Category/ Type		
Office Sought:	House Disbu Senate President	ursement For: Primary Other (spe	2011 X General ecify) ▼			
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DOC PAC	t, First, Middle Initial)				Transaction ID: SB23.41519 Date of Disbursement	
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Mailing Address	264 N LUMPKIN STR #202					
Mailing Address City ATHENS	2011120111111111111	State GA	Zip Code 30601		Amount of Each Disbursement this Per	
City	#202	State		· · · ·	Amount of Each Disbursement this Per 2500.00	
City ATHENS	#202 bursement	State		Category/ Type		
City ATHENS Purpose of Dist Candidate Nam Office Sought:	#202 bursement e House Disbursemate Senate President	State	30601 2011 X General			
City ATHENS Purpose of Dist	#202 Dursement e House Senate Disbr	State GA ursement For: Primary	30601 2011 X General			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee		
	Full Name (Last, First, Middle Initial) DOLD FOR CONGRESS			Transaction ID: SB23.41520 Date of Disbursement
	Mailing Address PO BOX 29576			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 5 \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 \\ 2 & 2 & 0 & 1 & 1 \end{bmatrix}$
	City WASHINGTON	State Zip Code DC 20017		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Senate X President	ement For: 2012 Primary General Other (specify)		
—	State: IL District: 10 Full Name (Last, First, Middle Initial)			Turner alter ID 0000 44500
	FARM PAC			Transaction ID: SB23.41522 Date of Disbursement
	Mailing Address 675 N Washington St Suite 410			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} $ $ \begin{bmatrix} M & M \\ 0 & 1 & 5 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
	Purpose of Disbursement			5000.00
	Candidate Name		Category/ Type	
	Office Sought: Senate President State: Disburse	ement For: 2011 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER			Transaction ID: SB23.41524 Date of Disbursement
	Mailing Address 7908-I Cincinnati Daytor	Road		06 15 7 2011
	City West Chester	State Zip Code OH 45069		Amount of Each Disbursement this Period
	Purpose of Disbursement		•	5000.00
	Candidate Name	,	Category/ Type	
		ement For: 2012 Primary General Other (specify)		

SCHEDULE B (FEC Form 3X)	Use separate schedu		NUMBER: PAGE 24/28
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	he (check onl	ly one) 22
Any Information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) College of American Pathologists Pol	<u>-</u>		
Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE			Transaction ID: SB23.41526 Date of Disbursement
Mailing Address 15 WEST 26TH ST	REET		06 06 7 015 7 2011
City NEW YORK	State Zip Code NY 10010		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
X Senate President	bursement For: 2012 X Primary General Control	eral	
State: NY District: 00 Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS			Transaction ID: SB23.41544 Date of Disbursement
Mailing Address 815 KING STREET			M M M D D D M Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE 311 City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this Perioc
Purpose of Disbursement	22011		1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: GA District: 09	bursement For: 2012 X Primary Gene Other (specify)	eral	
Full Name (Last, First, Middle Initial) JOHN S FUND			Transaction ID: SB23.41528 Date of Disbursement
			06 7 15 7 2011
Mailing Address PO BOX 65796			
Mailing Address PO BOX 65796 City WASHINGTON	State Zip Code DC 20035		Amount of Each Disbursement this Period
City			Amount of Each Disbursement this Period 2500.00
City WASHINGTON		Category/ Type	
City WASHINGTON Purpose of Disbursement Candidate Name		Туре	Amount of Each Disbursement this Period 2500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER: PAGE 25 / 28
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22 23 24 25
	Betailed Gammary 1 age	27	28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	no and address of any points.		
College of American Pathologists Politica	l Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.41529
KELLY PAC			Date of Disbursement
Mailing Address 700 12TH STREET, NV SUITE 700	V		06
City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/	
		Type	
Office Sought: House Disbur	sement For: 2011 Primary X General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS			Transaction ID: SB23.41531 Date of Disbursement
			0 6 1 5 D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 12667			
City BAKERSFIELD	State Zip Code CA 93389		Amount of Each Disbursement this Perio
Purpose of Disbursement			1500.00
Candidate Name		Category/	
Office Sought: X House Disbur	sement For: 2012	Туре	
· -	X Primary General		
President State: CA District: 22	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.41533
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