

# 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 06 01 2011 through 06 30 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 07 20 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

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 .....	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								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	396616.08	396616.08								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

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) .....	25785.00	186557.00
(ii) Unitemized .....	7173.86	71494.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	32958.86	258051.86
(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) .....	32958.86	258051.86
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1350.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32958.86	259401.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32958.86	259401.86

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.....	65.50	418.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.50	418.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	75000.00	250718.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	282.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75065.50	251418.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75065.50	251418.75

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28  
(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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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)  
H Paul Atmajian, Dr.

Mailing Address PO Box 2130

City Clovis State CA Zip Code 93613-2130

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: 06 / 29 / 2011  
**Transaction ID:** SA11AI.41361  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Nadarajah Balasubramaniam

Mailing Address Dept. of Pathology  
1101 Nott St.

City Schenectady State NY Zip Code 12308

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

Name of Employer Ellis Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 03 / 2011  
**Transaction ID:** SA11AI.41362  
 Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kai Ayana Barbarin, Dr.

Mailing Address Dept of Path  
11751 Interchange Dr

City Louisville State KY Zip Code 40229

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

Name of Employer Laboratory Corporation of America Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 29 / 2011  
**Transaction ID:** SA11AI.41364  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 28  
(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)  
S. Michael Brown, Dr.

Mailing Address 2900 12th Ave North  
Suite 260W

City State Zip Code  
Billings MT 59101

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

Name of Employer Pathology Consultants      Occupation 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	6	/	1	5	/	2	0	1	1

**Transaction ID:** SA11AI.41368  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
A. Desiree Carlson, Dr.

Mailing Address Chief of Pathology  
680 Centre Street

City State Zip Code  
Brockton MA 02302-3395

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

Name of Employer Brockton Hosp      Occupation Pathologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.41371  
 Amount of Each Receipt this Period  
 2500.00

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

Mailing Address Department of Pathology  
206 E. Brown Street

City State Zip Code  
East Stroudsburg PA 18301

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

Name of Employer Pocono Med Ctr      Occupation Pathologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.41374  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28  
(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)  
Joseph Thomas Cooper, Dr.  
Mailing Address 5620 East El Parque Street  
City State Zip Code  
Long Beach CA 90815-4129  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Centinela Hosp Med Ctr Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00  
Date of Receipt  
06 / 29 / 2011  
**Transaction ID:** SA11AI.41379  
Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
S. Gabino Cuevas, Dr.  
Mailing Address Department of Pathology  
2815 South Seacrest Blvd.  
City State Zip Code  
Boynton Beach FL 33435  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Bethesda Memorial Hosp Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00  
Date of Receipt  
06 / 29 / 2011  
**Transaction ID:** SA11AI.41380  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
N. Richard Eisen, Dr.  
Mailing Address Department of Pathology  
5 Perryridge Rd  
City State Zip Code  
Greenwich CT 06830-4697  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Greenwich Hosp Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00  
Date of Receipt  
06 / 29 / 2011  
**Transaction ID:** SA11AI.41386  
Amount of Each Receipt this Period  
500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28  
(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)  
Ludmila Epshteyn

Mailing Address 55 Fogg Rd

City State Zip Code  
Weymouth MA 02190-2455

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
South Shore 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  
0 6 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.41390

Amount of Each Receipt this Period 350.00

**B.**

Full Name (Last, First, Middle Initial)  
E. Lynn Ezell, Dr.

Mailing Address Dept of Path  
1968 Peachtree Rd NW

City State Zip Code  
Atlanta GA 30309-1285

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Piedmont 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  
0 6 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.41391

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
F Kenneth Grant, Dr.

Mailing Address Dept of Path  
Taylor at Marion

City State Zip Code  
Columbia SC 29220

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Palmetto Hlth Baptist Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.41398

Amount of Each Receipt this Period 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
C Christopher Hardy, Dr.  
Mailing Address 855 Illini Dr Ste 203

City State Zip Code  
Silvis IL 61282

FEC ID number of contributing federal political committee. C

Name of Employer Genesis Med Ctr Illini Campus      Occupation Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2011  
**Transaction ID:** SA11AI.41403  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
G Steven Hom, Dr.  
Mailing Address Dept of Path  
311 W 8th St NE

City State Zip Code  
Rome GA 30165-2723

FEC ID number of contributing federal political committee. C

Name of Employer SouthEastern Pathology, P.C.      Occupation Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2011  
**Transaction ID:** SA11AI.41409  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
T. Michael Kafka, Dr.  
Mailing Address Department of Pathology  
2720 Stone Park Blvd

City State Zip Code  
Sioux City IA 51104

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 10 / 2011  
**Transaction ID:** SA11AI.41412  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 6500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 28  
(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)  
H Richard Kelty, Dr.

Mailing Address 3664 Twin Lake Ridge

City State Zip Code  
Westlake Village CA 91361-3927

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

Name of Employer Occupation  
Los Robles Reg Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

Transaction ID: SA11AI.41414

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Shannon Kratzer

Mailing Address 3445 Executive Ctr Dr Ste 250

City State Zip Code  
Austin TX 78731

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

Name of Employer Occupation  
Clinical Path Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: SA11AI.41420

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Raymond Bruce Krawisz, Dr.

Mailing Address Department of Pathology  
1000 N Oak Ave

City State Zip Code  
Marshfield WI 54449

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

Name of Employer Occupation  
St. Joseph Hosp/Marshfield Clinic Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2011

Transaction ID: SA11AI.41421

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 28  
(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 Paula Larson, Dr.  
Mailing Address 7700 Floyd Curl Dr  
City San Antonio State TX Zip Code 78229-3979  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southwest Texas Methodist Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 10 / 2011  
Transaction ID: SA11AI.41427  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Rodolfo Laucirica  
Mailing Address Dept Of Pathology 1 Baylor Plz  
City Houston State TX Zip Code 77030-3498  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baylor College of Medicine Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 29 / 2011  
Transaction ID: SA11AI.41428  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
C. John Moad, Dr.  
Mailing Address 7835 Paragon Rd  
City Dayton State OH Zip Code 45459-4021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Derm-Path Lab of Central States Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 17 / 2011  
Transaction ID: SA11AI.41440  
Amount of Each Receipt this Period 500.00

**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 13 / 28  
(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)  
T Ann Moriarty, Dr.

Mailing Address 3643 Delaware Commons S Dr

City Indianapolis State IN Zip Code 46220-3743

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

Name of Employer AmeriPath Indiana Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 29 / 2011  
Transaction ID: SA11AI.41442  
Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
S. John Oehrle, Dr.

Mailing Address Department of Laboratories  
1301 Carlisle St.

City Natrona Heights State PA Zip Code 15065

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

Name of Employer Allegheny Valley Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 10 / 2011  
Transaction ID: SA11AI.41449  
Amount of Each Receipt this Period 400.00

**C.**

Full Name (Last, First, Middle Initial)  
W. Richard Pearson, Dr.

Mailing Address Ball Mem Hosp  
2401 University Ave

City Muncie State IN Zip Code 47303

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

Name of Employer PA Labs LLC Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 29 / 2011  
Transaction ID: SA11AI.41455  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 14 / 28  
(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)  
Janet Piscitelli

Mailing Address 1 Malcolm Ave

City State Zip Code  
Teterboro NJ 07608-1011

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2011

**Transaction ID:** SA11AI.41456

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
C Blair Presti, Dr.

Mailing Address Dept of Path  
1008 Minnequa Ave

City State Zip Code  
Pueblo CO 81004

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

Name of Employer St. Mary-Corwin Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2011

**Transaction ID:** SA11AI.41457

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 111 Giles Ave Apt C

City State Zip Code  
Blissfield MI 49228-1290

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

Name of Employer Vachette Pathology Occupation unknown

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2011

**Transaction ID:** SA11AI.41460

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **710.00**

**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 / 28  
(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)  
Mazhar Rishi

Mailing Address 701 N Clayton St

City State Zip Code  
Wilmington DE 19805

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

Name of Employer St. Francis Hosp      Occupation Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2011

**Transaction ID:** SA11AI.41461

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
F Thomas Ruhlen, Dr.

Mailing Address 14185 W. Desert Cove Rd.

City State Zip Code  
Surprise AZ 85379

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

Name of Employer Pathology Assoc Ltd      Occupation Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2011

**Transaction ID:** SA11AI.41462

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Imran Shahab

Mailing Address 5956 Davenhill Dr

City State Zip Code  
Plano TX 75093-4346

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

Name of Employer MD Pathology      Occupation Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2011

**Transaction ID:** SA11AI.41469

Amount of Each Receipt this Period  
1500.00

**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 16 / 28  
(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. Ervin Shaw, Dr.

Mailing Address Department of Pathology  
2720 Sunset Blvd.

City State Zip Code  
West Columbia SC 29169-4810

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

Name of Employer Occupation  
Lexington Med Ctr 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	6	/	1	7	/	2	0	1	1

**Transaction ID:** SA11AI.41470  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Peter Shireman, Dr.

Mailing Address 1774 Peck St

City State Zip Code  
Muskegon MI 49441

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

Name of Employer Occupation  
Westshore Diagnostics PC 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	6	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.41472  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Stuart Jonathan Strauss, Dr.

Mailing Address Lab  
4230 Burnham Ave Ste 165

City State Zip Code  
Las Vegas NV 89119-5410

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

Name of Employer Occupation  
Quest Diagnostics Incorporated 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	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.41479  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28  
(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 Arthur Summerlin, Dr.

Mailing Address 1801 1st Ave S

City Birmingham State AL Zip Code 35233

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

Name of Employer Lab Corp of America Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 29 / 2011  
Transaction ID: SA11AI.41480  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
P. John Tinsley, Dr.

Mailing Address Department of Pathology  
206 E. Brown St.

City East Stroudsburg State PA Zip Code 18301-3094

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

Name of Employer Pocono Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2011  
Transaction ID: SA11AI.41484  
Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
M Robert Todd, Dr.

Mailing Address NW Texas Hosp  
1501 S Coulter St

City Amarillo State TX Zip Code 79106-1770

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

Name of Employer Amarillo Pathology Assocs LTD Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2011  
Transaction ID: SA11AI.41485  
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 18 / 28  
(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)  
Tai-Po Tschang

Mailing Address Dept of Path  
1303 E Herndon Ave

City State Zip Code  
Fresno CA 93720

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

Name of Employer Occupation  
St Agnes Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID:** SA11AI.41487

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City State Zip Code  
Midlothian VA 23113-2516

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

Name of Employer Occupation  
Commonwealth Lab Consultants Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID:** SA11AI.41488

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Ellen Emily Volk, Dr.

Mailing Address 3445 Executive Ctr Dr

City State Zip Code  
Austin TX 78731

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

Name of Employer Occupation  
Clinical Path Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID:** SA11AI.41493

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **825.00**

**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 / 28  
(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 Keith Volmar, Dr.  
Mailing Address 4420 Lake Boone Trail  
City Raleigh State NC Zip Code 27607-7505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rex Healthcare Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 06 / 15 / 2011  
Transaction ID: SA11AI.41494  
Amount of Each Receipt this Period 1500.00

**B.** Full Name (Last, First, Middle Initial)  
D. Douglas Wilson  
Mailing Address Department of Pathology  
1924 Alcoa Highway  
City Knoxville State TN Zip Code 37920  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ of Tennessee Med Ctr Knoxville Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 03 / 2011  
Transaction ID: SA11AI.41500  
Amount of Each Receipt this Period 500.00

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

**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)

PAGE 20 / 28

<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><b>A.</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 Moneris ACH Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.41511</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>B.</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 Account Analysis Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.41512</p> <p>Date of Disbursement 06 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 50.50</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

65.50

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

65.50

**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)

PAGE 21 / 28

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BILL JOHNSON FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.41513</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>BILL KEATING COMMITTEE; THE</b></p> <p>Mailing Address 209 PENNSYLVANIA AVE, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 10</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.41540</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BILL SHUSTER FOR CONGRESS</b></p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.41515</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> 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)

PAGE 22 / 28

<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) <b>COMMON VALUES PAC</b>	<b>Transaction ID:</b> SB23.41517
	Mailing Address 4096 VIRGINIA AVE	Date of Disbursement 06 / 15 / 2011
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	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) <b>DENALI LEADERSHIP PAC</b>	<b>Transaction ID:</b> SB23.41518
	Mailing Address 900 19th Street, NW 8th Floor	Date of Disbursement 06 / 15 / 2011
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement	
	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) ▼

C.	Full Name (Last, First, Middle Initial) <b>DOC PAC</b>	<b>Transaction ID:</b> SB23.41519
	Mailing Address 264 N LUMPKIN STREET #202	Date of Disbursement 06 / 15 / 2011
	City ATHENS State GA Zip Code 30601	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> 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)  
DOLD FOR CONGRESS

Mailing Address PO BOX 29576

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: IL District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.41520  
Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
FARM PAC

Mailing Address 675 N Washington St  
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.41522  
Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

5000.00

Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BOEHNER

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.41524  
Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

5000.00

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

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) <b>GILLIBRAND FOR SENATE</b>	<b>Transaction ID: SB23.41526</b>
	Mailing Address <b>15 WEST 26TH STREET SUITE 4R</b>	Date of Disbursement MM / DD / YYYY <b>06 / 15 / 2011</b>
	City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10010</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" 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: <b>NY</b> District: <b>00</b>	

B.	Full Name (Last, First, Middle Initial) <b>GRAVES FOR CONGRESS</b>	<b>Transaction ID: SB23.41544</b>
	Mailing Address <b>815 KING STREET SUITE 311</b>	Date of Disbursement MM / DD / YYYY <b>06 / 15 / 2011</b>
	City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement	
	Candidate Name	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: <b>GA</b> District: <b>09</b>	

C.	Full Name (Last, First, Middle Initial) <b>JOHN S FUND</b>	<b>Transaction ID: SB23.41528</b>
	Mailing Address <b>PO BOX 65796</b>	Date of Disbursement MM / DD / YYYY <b>06 / 15 / 2011</b>
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20035</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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) <b>KELLY PAC</b>	<b>Transaction ID: SB23.41529</b> Date of Disbursement 06 / 15 / 2011
	Mailing Address 700 12TH STREET, NW SUITE 700	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement	
	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) <b>KEVIN MCCARTHY FOR CONGRESS</b>	<b>Transaction ID: SB23.41531</b> Date of Disbursement 06 / 15 / 2011
	Mailing Address PO BOX 12667	Amount of Each Disbursement this Period 1500.00
	City BAKERSFIELD State CA Zip Code 93389	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	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) <b>LATHAM FOR CONGRESS</b>	<b>Transaction ID: SB23.41533</b> Date of Disbursement 06 / 15 / 2011
	Mailing Address P.O. Box 71 PO BOX 71	Amount of Each Disbursement this Period 5000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11500.00</b>
<b>TOTAL</b> 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) <b>LATHAM FOR CONGRESS</b>	<b>Transaction ID: SB23.41534</b> Date of Disbursement
	Mailing Address P.O. Box 71 PO BOX 71	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>NATIONAL REPUBLICAN SENATORIAL COMMITTEE</b>	<b>Transaction ID: SB23.41535</b> Date of Disbursement
	Mailing Address 425 SECOND STREET NE	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH</b>	<b>Transaction ID: SB23.41536</b> Date of Disbursement
	Mailing Address 7804 Evening Lane	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Alexandria State VA Zip Code 22306	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="25000.00"/>
<b>TOTAL</b> 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)

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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) <b>PETE STARK RE-ELECTION COMMITTEE</b>	<b>Transaction ID: SB23.41538</b>
	Mailing Address <b>PO BOX 8331</b>	Date of Disbursement 06 / 15 / 2011
	City <b>FREMONT</b> State <b>CA</b> Zip Code <b>94537</b>	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	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CA</b> District: <b>13</b>	

B.	Full Name (Last, First, Middle Initial) <b>RICHARD E NEAL FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: SB23.41543</b>
	Mailing Address <b>76 MAGNOLIA TERRACE</b>	Date of Disbursement 06 / 15 / 2011
	City <b>SPRINGFIELD</b> State <b>MA</b> Zip Code <b>01108</b>	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	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: <b>MA</b> District: <b>02</b>	

C.	Full Name (Last, First, Middle Initial) <b>SOUTHERLAND FOR CONGRESS</b>	<b>Transaction ID: SB23.41539</b>
	Mailing Address <b>528 W BALDWIN ROAD</b>	Date of Disbursement 06 / 15 / 2011
	City <b>PANAMA CITY</b> State <b>FL</b> Zip Code <b>32405</b>	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	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>FL</b> District: <b>02</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Freedom Project</p> <p>Mailing Address 509 7TH Street, NW 3rd Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB23.41542 Date of Disbursement 06 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WHITEHOUSE FOR SENATE</p> <p>Mailing Address PO BOX 40280</p> <p>City PROVIDENCE State RI Zip Code 02940</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00</p>	<p>Transaction ID: SB23.41546 Date of Disbursement 06 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WICKER FOR SENATE</p> <p>Mailing Address PO BOX 64</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00</p>	<p>Transaction ID: SB23.41547 Date of Disbursement 06 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

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

7500.00