

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 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 Year-End 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 (12S)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 08 01 2012 through 08 31 2012

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 Dr. Renee R. Ellerbroek [Electronically Filed] Date 09 20 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		478752.69
(b) Cash on Hand at Beginning of Reporting Period.....	616529.89	
(c) Total Receipts (from Line 19)	15750.00	290476.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	632279.89	769228.69
7. Total Disbursements (from Line 31).....	88080.40	225029.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	544199.49	544199.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	12135.00	219885.00
(ii) Unitemized	3615.00	70591.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15750.00	290476.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15750.00	290476.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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 Transfers (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))..... ▶	15750.00	290476.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15750.00	290476.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	80.40	747.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	80.40	747.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90500.00	240500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	-2500.00	-2500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-2500.00	-2500.00
29. Other Disbursements	0.00	-13718.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	88080.40	225029.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88080.40	225029.20

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)	15750.00	290476.00
34. Total Contribution Refunds (from Line 28(d))	-2500.00	-2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18250.00	292976.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	80.40	747.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	80.40	747.20

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

September 20, 2012

Due to a recent customer migration from Ablaze software to Oracle software not all PAC receipts for August'12 are included in this report. There are \$1,350.00 that we will record next month. Our IS team is working dliigently on our system to allow for these types of payments. We are in the final testing phase of the process. Please contact me if you have any questions.

Sincerely,
(847) 832-7307

Rosa A Rosado
College of American Pathologists

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Dale F Andres DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Mercy Clinical Laboratory
 1111 6th Ave
 City Des Moines State IA Zip Code 50314-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Med Ctr-Des Moines Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 16 / 2012**
Transaction ID : SA11AI.46884
 Amount of Each Receipt this Period **500.00**

B. Dr. Robert L Bernstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 855 N Westhaven Drive
 City Oshkosh State WI Zip Code 54904-7668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **-1000.00**

Date of Receipt **08 / 30 / 2012**
Transaction ID : SA11AI.46955
 Amount of Each Receipt this Period **-1000.00**
 Refunded July'12 PAC Contribution

C. Dr. Matthew Aaron Burtelow MD,PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3821 W Hillcrest Dr
 City Boise State ID Zip Code 83705-4546
 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 **750.00**

Date of Receipt **08 / 16 / 2012**
Transaction ID : SA11AI.46890
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
<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. Dr. Jeffrey D Cao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path AH 301
 11021 Campus St
 City Loma Linda State CA Zip Code 92350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda Univ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : SA11AI.46891
 Amount of Each Receipt this Period
600.00

B. Dr. Thomas S Denapoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 333 N Santa Rosa St
 City San Antonio State TX Zip Code 78207-3108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital of San Antonio Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : SA11AI.46894
 Amount of Each Receipt this Period
500.00

C. Dr. Thomas S. Haas DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1000 Mineral Point Ave
 City Janesville State WI Zip Code 53548-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : SA11AI.46895
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **610.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<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. Dr. Clarke T Harding III MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
305 Park Creek Dr

City Clovis State CA Zip Code 93611-4426

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 27 / 2012
Transaction ID : SA11AI.46929

Amount of Each Receipt this Period
1000.00

B. Dr. William F. Hickey MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path/Borwell Bldg
1 Medical Center Dr

City Lebanon State NH Zip Code 03756-1000

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

Name of Employer Dartmouth Med School Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 29 / 2012
Transaction ID : SA11AI.46948

Amount of Each Receipt this Period
250.00

c. Dr. Mark Saunders Jordan MD

Full Name (Last, First, Middle Initial)
Mailing Address Dept of Path
117 E Kings Hwy

City Eden State NC Zip Code 27288-5201

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

Name of Employer Morehead Memorial Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 16 / 2012
Transaction ID : SA11AI.46898

Amount of Each Receipt this Period
500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 26
(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. Dr Arlene L Libby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4450 Thompson Pkwy
 City Johnstown State CO Zip Code 80534-6423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Poudre Valley Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 27 / 2012
Transaction ID : SA11AI.46931
 Amount of Each Receipt this Period
 250.00

B. Dr. Janina A. Longtine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Gustave L Levy Pl Box 1194
 City New York State NY Zip Code 10029-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 16 / 2012
Transaction ID : SA11AI.46902
 Amount of Each Receipt this Period
 500.00

C. Dr Larry W Massie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 San Pedro SE
 City Albuquerque State NM Zip Code 87108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico VA Health Care Sys Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 27 / 2012
Transaction ID : SA11AI.46934
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
<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. Dr Ann T Moriarty MD
Full Name (Last, First, Middle Initial)
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 500.00

Date of Receipt 08 / 16 / 2012
Transaction ID : SA11AI.46909
Amount of Each Receipt this Period 500.00

B. Dr. Margaret H Neal MD
Full Name (Last, First, Middle Initial)
Mailing Address 1899 Eider Ct
City Tallahassee State FL Zip Code 32308-4537
FEC ID number of contributing federal political committee. **C**
Name of Employer KWB Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 08 / 10 / 2012
Transaction ID : SA11AI.46871
Amount of Each Receipt this Period 2500.00

c. Dr. Matthew James Snyder MD
Full Name (Last, First, Middle Initial)
Mailing Address Pathology Dept 3000 New Bern Ave
City Raleigh State NC Zip Code 27610-1231
FEC ID number of contributing federal political committee. **C**
Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1050.00

Date of Receipt 08 / 16 / 2012
Transaction ID : SA11AI.46913
Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional)..... 3175.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
<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. Dr. Steven Robert Tellschow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 801 Ostrum St
 City Bethlehem State PA Zip Code 18015-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Lukes Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : SA11AI.46916
 Amount of Each Receipt this Period
500.00

B. Dr Emily Ellen Volk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3445 Executive Ctr Dr Ste 250
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Path Associates Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2012
Transaction ID : SA11AI.46880
 Amount of Each Receipt this Period
2500.00

C. Dr. Keith E Volmar MD
 Full Name (Last, First, Middle Initial)
 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 Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.46862
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
<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. Dr. Mark Robert Wick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 Lee St Rm 3020
 City Charlottesville State VA Zip Code 22908-0816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Virginia Health System Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 27 / 2012**
Transaction ID : SA11AI.46941
 Amount of Each Receipt this Period **250.00**

B. Dr Sherry L Woodhouse MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1440 Coral Ridge Dr # 296
 City Coral Springs State FL Zip Code 33071-5433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Consultants of S Broward Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 16 / 2012**
Transaction ID : SA11AI.46921
 Amount of Each Receipt this Period **1000.00**

C. Dr. Edward Truman Wright III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept
 915 Gordon Ave
 City Thomasville State GA Zip Code 31792-6614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John D Archbold Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.46952
 Amount of Each Receipt this Period **350.00**

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	12135.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Moneris ACH Discount

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2012

Transaction ID : SB21B.47008

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2012

Transaction ID : SB21B.47009

Amount of Each Disbursement this Period

38.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

80.40

80.40

**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

Full Name (Last, First, Middle Initial)

A. AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: GA District: 08

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB23.46958

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BUTTERFIELD FOR CONGRESS

Mailing Address 3422 POTTER STREET, NORTHWEST

City Washington State DC Zip Code 20016

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NC District: 01

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB23.46961

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMMON VALUES PAC

Mailing Address 901 N WASHINGTON ST
SUITE 700

City ALEXANDRIA State VA Zip Code 22315

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB23.46963

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Mailing Address 20 F STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : **SB23.46957**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : **SB23.46984**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE

Mailing Address 2501 WISCONSON AVE, NW
#304

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : **SB23.47000**

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GARY DELONG

Mailing Address 5100 E ANAHEIM ROAD

City LONG BEACH State CA Zip Code 90815

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2012

Transaction ID : SB23.46964

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. GERLACH FOR CONGRESS

Mailing Address 499 SOUTH CAPITOL STREET, SW
SUITE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2012

Transaction ID : SB23.46966

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. HOYER'S MAJORITY FUND

Mailing Address 499 SOUTH CAPITOL STREET, SW
SUITE 414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2012

Transaction ID : SB23.46969

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. JOEPAC

Mailing Address 223 W FRANKLIN ST

City EPHRATA State PA Zip Code 17522

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : SB23.46985

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. JOHN TIERNEY FOR CONGRESS

Mailing Address 49 FEDERAL STREET

City SALEM State MA Zip Code 01970

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : SB23.46971

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : SB23.46974

Amount of Each Disbursement this Period

1,000.00

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

7,000.00

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

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**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

Full Name (Last, First, Middle Initial)

A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address 729 15TH STREET, NW
3RD FLOOR

Transaction ID : SB23.46975

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 28

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address P.O. Box 1441

Transaction ID : SB23.46976

City Topeka State KS Zip Code 66601

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND A.K.A MIKE R FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address PO Box 2485

Transaction ID : SB23.46989

City Springfield State VA Zip Code 22152

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

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

7000.00

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

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**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

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TN District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.46959

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MARY'S POLITICAL ACTION COMMITTEE

Mailing Address 1155 21st Street NW Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.46988

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Bono Mack Mary

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 45

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.46977

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

1	2	5	0	.	0	0
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5	0	0	0	.	0	0
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**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

Full Name (Last, First, Middle Initial)

A. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB23.46991

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2012

Transaction ID : SB23.47005

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. PAUL BROUN COMMITTEE

Mailing Address P.O. Box 1512

City Athens State GA Zip Code 30601

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 10

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2012

Transaction ID : SB23.46978

Amount of Each Disbursement this Period

1000.00

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address 7804 EVENING LANE

Transaction ID : SB23.46993

City State Zip Code
ALEXANDRIA VA 22306

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PIONEER POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address 412 FIRST STREET SE SUITE 100

Transaction ID : SB23.46996

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address P.O. BOX 904

Transaction ID : SB23.46979

City State Zip Code
DUNN NC 28335

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: NC District: 02

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

11500.00

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

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**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

Full Name (Last, First, Middle Initial)

A. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address P. O. BOX 1011

Transaction ID : SB23.46997

City State Zip Code
WHEATON IL 60187

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address P. O. Box 1919

Transaction ID : SB23.46980

City State Zip Code
Janesville WI 53547

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Full Name (Last, First, Middle Initial)

C. SEARCHLIGHT LEADERSHIP FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2012

Mailing Address 426 C Street, NE
Rear Bldg

Transaction ID : SB23.46981

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

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

5000.00

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

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. SOUTHERLAND FOR CONGRESS

Mailing Address 528 W BALDWIN ROAD

City PANAMA CITY State FL Zip Code 32405

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

Transaction ID : SB23.46999

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB23.47002

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)

Mailing Address 22780 INDIAN CREEK DRIVE
SUITE 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB23.47006

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. HATCH ELECTION COMMITTEE

Mailing Address P.O. BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement
Refund of Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: UT District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 14 / 2012

Transaction ID : SB28B.47010

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

-2500.00

-2500.00