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. 0 College of American Pathologists Political Action Committee 12 FE4 M5 0 ADDRESS (number and street) 1350 I Street, NW Suite 590 Check if different than previously reported. (ACC) 1350 I Street, NW
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 U Suite 590 Washington U
College of American Pathologists Political Action Committee ADDRESS (number and street) Check if different than previously Washington
ADDRESS (number and street) Check if different than previously Washington DC + DC + 20005 + 1
ADDRESS (number and street) Check if different than previously Washington DC L 20005
ADDRESS (number and street) Check if different than previously Washington DC L 20005
Check if different than previously Washington
than previously Washington DC 20005
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00274944 3. IS THIS REPORT X NEW (N) OR (A)
4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M Non-Election Year Only) (M Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M
(a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YI
April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12
July 15 Quarterly Report (Q2) PRE-Election Report for the: Convention (12C) Special (12S)
October 15 Quarterly Report (Q3) January 31
Year-End Report (YE) Election on State of
July 31 Mid-Year (d) 30-Day Report (Non-election POST-Election Year Only) (MY) Report for the:
Termination Report (TER)Termination Report Election onM M / D D / Y Y Y Y 11in the State ofIL
5. Covering Period 10 / 18 / 2012 through 11 26 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 11 30 2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437
Office FORM 3X

11/30/2012 14 : 35

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

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vvriie	()r	IVDe	Commuee	Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From: 10	18 2012 To	: 11 / D D / Y Y Y Y 26 2012
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		478752.69
	(b) Cash on Hand at Beginning of Reporting Period	432767.19	
	(c) Total Receipts (from Line 19)	66499.00	411177.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	499266.19	889929.69
7.	Total Disbursements (from Line 31)	34166.40	424829.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	465099.79	465099.79
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

X

DET	AILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)	of neceipts	Page 3
Write or Type Committee Name		
College of American Pathologists Polit	ical Action Committee	
Report Covering the Period: From: 10	/ D D / Y Y Y Y 18 2012 To:	M = M / D = D / Y = Y = Y = Y Y 11 26 2012 2012
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	51989.00	315735.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	14510.00	95442.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	66499.00	411177.00
(h) Delitical Party Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	00400.00	411177.00
Totals to Line 33, page 5)	66499.00	41117.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
Tarty Commuces		
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	, , , ,	
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (b) Non-Federal Account (c) Non-Federal Account (c) 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))►	66499.00	411177.00
20. Total Federal Receipts	66400.00	411177.00
(subtract Line 18(c) from Line 19)►	66499.00	411177.00

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DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	100.40	40.47.00
	(c) Total Operating Expenditures	166.40	1047.90
	(add 21(a)(i), (a)(ii), and (b))►	166.40	1047.90
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	37000.00	445500.00
	Independent Expenditures		
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00
	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	-3000.00	-8000.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0000.00	
	(add Lines 28(a), (b), and (c))►	-3000.00	-8000.00
	Other Disbursements	0.00	-13718.00
	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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34166.40	424829.9
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	34166.40	424829.90

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Total Contributions (other than loans) (from Line 11(d), page 3) 	66499.00	411177.00				
 Total Contribution Refunds (from Line 28(d)) 	-3000.00	-8000.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69499.00	419177.00				
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	166.40	1047.90				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
3. Net Operating Expenditures (subtract Line 37 from Line 36)	166.40	1047.90				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(che	eck onl	y or	ne)						
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	· []	17		
	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of	soliciting	g contrib	utions			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	s Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr. Kenneth M Algino MD Mailing Address 3610 Colonial Green Cir SW				Date of		ceipt	/ Y	YY	Y			
	City Roanoke	State VA	Zip Code 24018-3738	A	10 23 2012 Transaction ID : SA11AI.47594 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7		15	0.00			
	Name of Employer Carilion Labs, LLC Receipt For:	Occupation Pathologist	.										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
B.	Full Name (Last, First, Middle Initial) Dr. Randa Alsabeh MD				Date of	f Re	ceipt						
	Mailing Address 8700 Beverly Blvd Rm 4709	State	Zip Code	_ [10 22 2012 Transaction ID : SA11AI.47466								
	Los Angeles	CA	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				5		500	0.00]			
	Name of Employer Cedars-Sinai Medical Center	Occupation Pathologist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
С.	Full Name (Last, First, Middle Initial) Dr. Lawrence Ariano MD				Date of	f Re	ceipt						
	Mailing Address Dept of Path 25 N Winfield Rd				м м 10		D D D	JL	у у 2012	Y			
	City Winfield	State IL	Zip Code 60190-1222	A				SA11AI	.47418 his Period	d			
	FEC ID number of contributing federal political committee.	С					7			0.00]		
	Name of Employer	Occupation											
	Central DuPage Hospital Receipt For:	Pathologist		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00										
s	UBTOTAL of Receipts This Page (optional)						7	7	3050	0.00]		
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 7 OF

			Detailed Summary Page		11a 13		11b 14	11c	12		17				
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committe	erson f e to so	or the	pur ntrib	pose of outions	f soliciting from suc	g contrik h comm	utions ittee.	S				
$\left\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologie														
A.	Full Name (Last, First, Middle Initial) Dr. Byron Charles Arndt MD Mailing Address 6 N Modoc Ave				Date of Receipt										
					10		23		2012	- Y					
	City Medford	State OR	Zip Code 97504-6921					: SA11AI. Receipt th		d					
	FEC ID number of contributing federal political committee.	С					,	1		50.00					
	Name of Employer	Occupation													
	unaffiliated Receipt For:	Pathologist	Year-to-Date ▼												
	Primary General Other (specify)]													
в.	Full Name (Last, First, Middle Initial) Dr. Janis M Atkinson MD						eceipt								
	Mailing Address Dept of Path 355 Ridge Ave						22		y y 2012	Y					
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	47473						
	Evanston	IL	60202-3328	/	Amoun	t of	Each F	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.					7	7	50	00.00						
	Name of Employer Presence St Francis Hospital	Occupation Pathologist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]											
с.	Full Name (Last, First, Middle Initial) Dr Ronald G Bardawil MD	1			Date o	f Re	eceipt								
	Mailing Address Dept of Path 275 Sandwich St				M M	/	D 05		y y 2012	Y					
	City Plymouth	State MA	Zip Code 02360-2183					: SA11AI		d					
	FEC ID number of contributing federal political committee.	С					,	, 1000 pt 1		49.00					
	Name of Employer	_													
	Jordan Hosp														
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	Primary General Other (specify) V		249.00]											
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	NAME OF COMMITTEE (In Full) College of American Pathologist														
Α.	Full Name (Last, First, Middle Initial) Dr. Bryan L. Bartlett MD,PhD Mailing Address 1424 Plantation Dr N				Date o			ot	/ Y	Y	Y	Y			
	City	State	Zip Code		10 Trans	sact	ion I	22 I D:	SA11AI.		012 79				
	Colleyville FEC ID number of contributing federal political committee.	С	76034-4163		Amoun	t of	Eac	h R	eceipt th	iis P	eriod 1250.	00			
	Name of Employer Baylor-All Saints Medical Center Receipt For:	Occupation Pathologist	Year-to-Date ▼												
	Primary General Other (specify) ▼]													
В.	Full Name (Last, First, Middle Initial) Dr. Margaret A. Batt MD Mailing Address 9352 Park West Blvd					Date of Receipt									
	City Knoxville		10 23 2012 Transaction ID : SA11AI.47599 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.					7			_	500.	00				
	Name of Employer Parkwest Med Ctr	Occupation Pathologist													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]											
	Full Name (Last, First, Middle Initial) Dr. Stephen N Bauer MD			(Date o	f Re	eceip	ot							
	Mailing Address Path Dept 6501 Coyle Ave City	State	Zip Code		м м 10		D	23	JL	20)12	Y			
	Carmichael	CA	95608-0306	/					SA11AI						
	FEC ID number of contributing federal political committee.	С					7			_	2500	.00			
	Name of Employer Mercy San Juan Med Ctr	Occupation Pathologist													
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 2500.00												
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	NAME OF COMMITTEE (In Full) College of American Pathologis	sts Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr. Brent D Benjamin MD				Date of	f Re	ceipt					
	Mailing Address Dept of Path 400 S 43rd St				м м 10	/	23	/ Y	2012		ſ	
	City Renton	State WA	Zip Code 98055-5714					SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С					7		2	200.0	0	
	Name of Employer Valley Med Ctr	Occupation Pathologist										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00]								
в.	Full Name (Last, First, Middle Initial) Dr. Peter F. Bernhardt MD				Date of	f Re	ceipt					
	Mailing Address Dept of Path 800 Biesterfield Rd	7in Code		M M	/	05	/ Y	2012	2			
	City Elk Grove Village	State IL	Zip Code 60007-3361					SA11AI. eceipt th				
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	Name of Employer Alexian Brothers Medical Center	Occupation Pathologist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]								
	Full Name (Last, First, Middle Initial) Dr. John T Bickel MD				Date of	f Re	ceipt					
•	Mailing Address Dept of Path 2525 Desales Ave				M M		16	/ Y	y 2012			
	City Chattanooga	State TN	Zip Code 37404-1161				-	SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	С					3		ę	500.0	00	
	Name of Employer	Occupation										
	Diagnostic Pathology Services PC Receipt For:	Pathologist		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
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	of COMMITTEE (In Full) ge of American Patholog	jists Politica	al Action Committee								
A. Dr. Pa	Address Dept of Path BAE 2580			Date of Receipt							
City	1120 15th St	State	Zip Code		on ID : SA11AI.47715						
Augusta	I	GA	30912-0004	Amount of I	Each Receipt this Period						
	number of contributing political committee.	С			300.00						
	Employer Health Sciences University	Occupation Pathologist									
Receipt		Aggregate	Year-to-Date ▼								
	mary General her (specify) ▼		300.00]							
	ne (Last, First, Middle Initial) thy O Blight MD			Date of Red	ceipt						
	Address Dept of Path 1 Hurley Plz		10 ^M	26 / Y Y Y Y Y 2012							
City		State MI	Zip Code		on ID : SA11AI.47684						
Flint	er under af an et die st	IVII	48503-5902	Amount of I	Each Receipt this Period						
	number of contributing political committee.	C			750.00						
Name of Hurley M	Employer ed Ctr	Occupation Pathologist									
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	General	Aggregate		1							
Ot	her (specify) 🔻		750.00								
	ne (Last, First, Middle Initial) ichael S Brown MD			Date of Red	ceipt						
Mailing A	Address 2900 12th Ave N Ste 295V	I		M M /	05 _ 2012 _						
City		State	Zip Code	Transacti	on ID : SA11AI.47719						
Billings		MT	59101-7504	Amount of	Each Receipt this Period						
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Name of	Employer	Occupation	1								
Yellowst Receipt	one Pathology Institute Inc Bi	Pathologist									
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PAGE 11 OF

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	NAME OF COMMITTEE (In Full) College of American Pathologis	ts Politica	I Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr. Jeff W Byrd MD Mailing Address Dept of Path				Date o						_			
	915 Gordon At Mimosa Dr				10		22	D / Y	201					
	City Thomasville	State GA	Zip Code 31792-6699		Transaction ID : SA11AI.47485 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		2	250.0	0			
	Name of Employer	Occupation												
	John D Archbold Memorial Hospital	Pathologist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
В.	Full Name (Last, First, Middle Initial) Dr. Alvaro G Candel MD				Date o	of Re	eceipt							
	Mailing Address Dept of Path 155 E Brush Hill Rd	State Zip Code				/	22		y 2012	ү ү 2				
	City Elmhurst	State	2ip Code 60126-2966	-				SA11AI.		iod				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period											
	Name of Employer Elmhurst Mem Hosp	Occupation Pathologist												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00											
	Full Name (Last, First, Middle Initial) Dr. Lydia R Christiansen MD		/y		Date o	of Re	eceipt							
	Mailing Address 2502 Osprey St				10	/	22		2012					
	City Casper	State WY	Zip Code 82601				-	SA11AI	-					
	FEC ID number of contributing federal political committee.	C	02001		Amoun	nt of	Each F	Receipt th		iod 750.0	0			
	Name of Employer	Occupation					,							
	Wyoming Medical Center	Pathologist												
	Receipt For:	-	Year-to-Date ▼											
	Primary General Other (specify) ▼		750.00											
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	NAME OF COMMITTEE (In Full)										
	College of American Pathologis	sts Politica	I Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Jimmy R Clark MD				Date of	f Re	eceipt				
	Mailing Address Dept of Path 8901 W Lincoln Ave				м м 10	/	18	/ Y	20	Y 12	Y
	City West Allis	State WI	Zip Code 53227-2409				ion ID : : Each Re		.4741	9	
	FEC ID number of contributing federal political committee.	C					7			200.	00
	Name of Employer ACL Labs	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
В.	Full Name (Last, First, Middle Initial) Dr. Thomas J Cooper Jr MD			_	Date of	f Re	eceipt				
	Mailing Address 5620 E El Parque St	01.1	7: 0.1		1 <u>1</u>	/	15	/ Y	201	Y 12	Y
	City Long Beach	State CA	Zip Code 90815-4129				ion ID : S Each Re				
	FEC ID number of contributing federal political committee.	С					7			100.	00
	Name of Employer unaffiliated	Occupation Pathologist									
	Receipt For:	-	Year-to-Date ▼								
	Other (specify)		500.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. James M Crawford MD,PhD				Date of	f Re	eceipt				
	Mailing Address 300 Community Dr				M M 10	/	D D 26	/ Y	201		Y
	City Manhasset	State NY	Zip Code 11030-3816	_			ion ID : Each Re				
	FEC ID number of contributing federal political committee.	С						eceipt ti		5000.	00
	Name of Employer	Occupation									
	North Shore University Hosp	Pathologist									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00								
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ITEMIZED RECEIPTS	•	Use separate schedule(s)	(chec	k only	one	e)				
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Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and a	ay not be sold or used by any p ddress of any political committe	erson fo	r the p	ourpo	ose of	soliciting	g contrib	utior ittee.	าร
College of American	Pathologists Politica	al Action Committee								
Full Name (Last, First, Middle Dr. Jeffrey L Curtis MD	Initial)		D	ate of	Rec	ceipt				
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Full Name (Last, First, Middle B. Dr. Fernando Ramon De			D	ate of	Rec	ceipt				
Mailing Address 250 Fountain (Ct			м м 10	/	D D D 22	/ Y	2012	Y	
City Lexington	State KY	Zip Code 40509-1888					SA11AI.4 eceipt th		d	
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Full Name (Last, First, Middle C. Dr Paul S Dickman MI			D	ate of	Rec	ceipt				
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Full Name (Last, First, Middle Initial) Dr. Christopher Michael Flynn MD				Date of	Re	ceipt				
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Α.	Full Name (Last, First, Middle Initial) Dr. Irwin S Fox MD Mailing Address 11405 E Stearn Ave				ite of	Re	ceipt		/	Y	
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B	Full Name (Last, First, Middle Initial) Dr. Wayne Lee Garrett DO				ite of	Ro	coint				
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С.	Full Name (Last, First, Middle Initial) Dr. Alexandra J. Gillespie MD			Da	ite of	Re	ceipt				
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Α.	Full Name (Last, First, Middle Initial) Dr. Herschel Wallace Gordon MD				Date of	f Re	eceipt									
	Mailing Address 275 Hospital Dr				M M	/	05			ү 012	Y					
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в.	Full Name (Last, First, Middle Initial) Dr. Thomas S. Haas DO				Date of	f Re	eceipt									
	Mailing Address Department of Pathology				M M	/	D	D / Y	Y	Y	Y					
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— c.	Full Name (Last, First, Middle Initial) Dr. Dolph David Haege MD				Date of	f Re	eceipt									
	Mailing Address 211 S 3rd St				м м 10	/	26			y 012	Y					
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	Name of Employer Pathology Associates PC Receipt For:	Occupation Pathologist								
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в.	Full Name (Last, First, Middle Initial) Dr Jeff D Harvell MD				Date of	Rece	eipt			
	Mailing Address 1730 Elton Rd Ste 11				M M	/	D D D	/ Y	2012	Y
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с.	Full Name (Last, First, Middle Initial) Dr James E Haswell MD				Date of	Rece	eipt			
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Full Name (Last, First, Middle Initial) A. Dr. Valerie A. Holst MD			D	ate of	f Re	eceipt				
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Full Name (Last, First, Middle Initial) B. Dr. Gordon Dwight Honda MD			_	ate of	f Re					
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Full Name (Last, First, Middle Initial) C. Dr. Daniel L Hood MD			D	ate of	f Re	eceipt				
Mailing Address 6845 Penridge Dr				м м 11	/	05	/ Y	2012	Y	1
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Full Name (Last, First, Middle Initial) Dr. Bruce Wayne Hughes MD Mailing Address PO Box 9010				ate of	Receipt	D / Y	VV	Y
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Mailing Address PO Box 0951 710 Center St				10	/ D 23		2012	Y
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Name of Employer The Medical Center	Occupation Pathologist							
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Full Name (Last, First, Middle Initial) C. Dr. Thomas M Jackson MD			Da	ate of	Receipt			
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A .	Full Name (Last, First, Middle Initial) Dr. Dudley D. Jones MD Mailing Address 300 N Creekwood Dr City Mansfield FEC ID number of contributing federal political committee. Name of Employer Arlington Pathology Association Receipt For: Primary General Other (specify) ▼	State TX C Occupation Pathologist Aggregate	Zip Code 76063-5428 Year-to-Date ▼ 350.00		msact	19 ion ID :	SA11AI.	nis Perio	_	
В.	Full Name (Last, First, Middle Initial) Dr. William Frederick Kern III MD Mailing Address HIth Sci Ctr Path Dept, BMSB 451 City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer University of Oklahoma Health Science Receipt For: Primary General Other (specify) ▼	State OK C Occupation Pathologist Aggregate	Zip Code 73104-5020 Year-to-Date ▼ 250.00		M / nsacti	26	SA11AI.	nis Perio	d]
C.	Full Name (Last, First, Middle Initial) Dr. Edward Albert Klein MD Mailing Address 3 Shannon Ct City Center Moriches FEC ID number of contributing federal political committee. Name of Employer Brookhaven Mem Hosp Med Ctr Receipt For: Primary General Other (specify) ▼	State NY C Occupation Pathologist Aggregate			™ /	05	SA11AI	nis Perio	_]
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Α.	Full Name (Last, First, Middle Initial) Dr. Paula R Larson MD Mailing Address 7700 Floyd Curl Dr				Date of		eceipt 22	/ Y		012	Ŷ
	City San Antonio	State TX	Zip Code 78229-3902					SA11AI. eceipt th			_
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	Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist									
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B.	Full Name (Last, First, Middle Initial) Dr. Barry P Latner MD				Date of	Re	eceipt				
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	City Concord	State CA	Zip Code 94520					SA11AI.4 eceipt th			
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	Name of Employer John Muir Med Ctr-Concord Campus	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00								
C.	Full Name (Last, First, Middle Initial) Dr. Jack Howard Lichy MD,PhD				Date of	Re	eceipt				
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	City Washington	State DC	Zip Code 20422-0001					SA11AI. eceipt th			
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NAME OF COMMITTEE (In Full) College of American Pathologi	sts Political	Action Committee	
A. Full Name (Last, First, Middle Initial) Marlene Magrini-Greyson MD Mailing Address 1504 Canary Place	State OK	Zip Code 73034	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer St. Anthony Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼	C Occupation Pathologist Aggregate Ye	ar-to-Date ▼ 350.00	350.00
Full Name (Last, First, Middle Initial) Dr. John E Mcdonald MD Mailing Address Dept of Path 4401 Booth Calloway Rd City North Richland Hills FEC ID number of contributing federal political committee. Name of Employer North Hills Hospital Receipt For:	State TX C Occupation Pathologist Aggregate Ye	Zip Code 76180-7371	Date of Receipt
C. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stuart A Monroe MD Mailing Address 1840 Amherst St		1000.00	Date of Receipt 11 05 2012
City Winchester FEC ID number of contributing federal political committee. Name of Employer Winchester Medical Center Receipt For: □ Primary □ General Other (specify) ▼	State VA C Occupation Pathologist Aggregate Ye	Zip Code 22601-2808 ar-to-Date ▼ 250.00	Transaction ID : SA11AI.47750 Amount of Each Receipt this Period 250.00
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	College of American Pathologis	sts Politica	I Action Committee						
Α.	Full Name (Last, First, Middle Initial) Dr. Jonathan Edward Musicant MD				Date of	Receipt			
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	Folsom	CA	95630-3400				Receipt th		
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	Mercy Hospital of Folsom Laboratory	Pathologist							
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	Full Name (Last, First, Middle Initial)								
В.	Dr Robert O Newbury MD				Date of	Receipt			
	Mailing Address Department of Pathology 3020 Childrens Way # 5007				м м 10	/ D		ү ү 2012	Y
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	San Diego	CA	92123-4223	_	Amount	of Each	Receipt th	is Period	
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	Name of Employer Rady Children's Hosp-San Diego	Occupation Pathologist							
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с.	Full Name (Last, First, Middle Initial) Dr. Steven Frank O'Sheal MD				Date of	Receipt			
	Mailing Address 1004 1st St N Ste 200				м м 10	22		2012	Y
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Full Name (Last, First, Middle Initial) Dr. John Scott Oehrle MD				Date o	f Re	eceipt				
Mailing Address 1301 Carlisle St				м м 10	/	2		/ Y	ү ү 2012	Y
City Natrona Heights	State PA	Zip Code 15065-1152	Α					11AI. eipt thi	47707 is Perioc	1
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Name of Employer Allegheny Valley Hospital	Occupation Pathologist									
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Full Name (Last, First, Middle Initial) B. Dr. Nader T Okby MD			C	Date o	f Re	eceipt				
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Full Name (Last, First, Middle Initial) C. Dr Bahram R Oliai MD				Date o	f Re	eceipt				
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A.	Full Name (Last, First, Middle Initial) Dr. Dennis G O Neill MD				Date of	Rece	eipt				
	Mailing Address Path Dept 1st Fl 71 Havnes St				м м 11	/	D D 08	/ Y	2012		1
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	Manchester	СТ	06040-4188		Amount	of E	ach R	eceipt th	nis Peri	iod	
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	Name of Employer	Occupation									
	Manchester Memorial Hospital	Pathologist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
в.	Full Name (Last, First, Middle Initial) Dr. Stephen A. Ovanessoff MD	-			Date of	Rece	eipt				
	Mailing Address 10276 E Bella Vista Dr				M M	1	05	/ Y	2012		1
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	Scottsdale	AZ	85258-5720		Amount	of E	ach R	eceipt th	nis Peri	iod	
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с.	Full Name (Last, First, Middle Initial) Dr. Eva D Patalas MD				Date of	Rece	eipt				
	Mailing Address 1493 Cambridge St				м м 11	/	0 08	/ Y	2012		1
	City	State	Zip Code		Trans	actio	n ID :	SA11AI.	.47779		
	Cambridge	MA	02139-1047	_	Amount	of E	ach R	eceipt th	nis Peri	iod	
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Α.	Full Name (Last, First, Middle Initial) Dr. James Arthur Paulson MD Mailing Address 425 Anthwyn Rd				Date of	_	eipt 22	/ Y	2012	
	City Narberth	State PA	Zip Code 19072-2301					SA11AL	.47544 his Peric	nd
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	Name of Employer Bryn Mawr Hospital Receipt For: Primary General	Occupation Pathologist Aggregate								
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в.	Full Name (Last, First, Middle Initial) Dr Wayne E Penka MD				Date o	f Rece	eipt			
	Mailing Address Dept of Path 7500 Mercy Rd				M M	/	D D D 01	/ Y	2012	Y
	Omaha	State NE	Zip Code 68124-2319					SA11AI.	. 47710 his Perio	od
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c.	Full Name (Last, First, Middle Initial) Dr. Luke A Perkocha MD,MBA				Date o	f Rece	eipt			
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NAME OF COMMITTEE (In Full) College of American Patholo	gists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Christine F. Piller MD Mailing Address 920 Church St N		Date of Receipt
City Concord	State Zip Code NC 28025-2927	Transaction ID : SA11AI.47547 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CMC - Northest Med Ctr Receipt For: Primary General Other (specify) V	Occupation Pathologist Aggregate Year-to-Date ▼ 350.00	
B. Full Name (Last, First, Middle Initial) Dr. Angelica Rocio Putnam MD Mailing Address Dept of Path		Date of Receipt
100 Mario Capecchi Dr City Salt Lake City FEC ID number of contributing	State Zip Code UT 84113-1100	10 18 2012 Transaction ID : SA11AI.47428 Amount of Each Receipt this Period 200.00
federal political committee. Name of Employer Primary Childrens Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Dr. Michael Scott Rabkin MD,F Mailing Address 419 E 2nd Ave	PhD	Date of Receipt
City	State Zip Code	10 22 2012 Transaction ID : SA11AI.47553
Tarentum FEC ID number of contributing federal political committee.	PA 15084-1804	Amount of Each Receipt this Period
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Α.	Full Name (Last, First, Middle Initial) Dr Linda H Riley MD Mailing Address 1116 138th Ave NW				Date o		eceipt	D / Y	Y	Y Y	7
	City Andover	State MN	Zip Code 55304-6728					SA11AI Receipt th			
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	Name of Employer United Hospital Receipt For:	Occupation Pathologist									
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в.	Full Name (Last, First, Middle Initial) Dr. Stanley J. Robboy MD Mailing Address 104 Donegal Dr			_	Date o		D . [Y	Y y	7
	City Chapel Hill	State NC	Zip Code 27517-6559					SA11AI . Receipt th			
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	Name of Employer Duke University Medical Center	Occupation Pathologist									
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с.	Full Name (Last, First, Middle Initial) Dr. Paula Jayne Rogers MD				Date o	f Re	eceipt				
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	Midwest Reg Med Ctr	Pathologist									
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Full Name (Last, First, Middle Initial) B. Dr. Charles F Romberger MD	I			Date of	Re	ceipt				
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Name of Employer Lancaster General Hospital	Occupation Pathologist									
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Full Name (Last, First, Middle Initial) C. Dr. Susan W Rusch MD				Date of	Re	ceipt				
Mailing Address WFHC 5000 W Chambers St				м м 10	/	22			12	Y
City Milwaukee	State WI	Zip Code 53210-1650					SA11AI Receipt th			
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Α.	Full Name (Last, First, Middle Initial) Dr. Eric C. Rysenga MD				Date of	Re	ceipt				
	Mailing Address Dept of Pathology 351 SW 9th St				10	/	23	/ Y	201		ſ
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в.	Full Name (Last, First, Middle Initial) Dr. Michael F. Schaldenbrand MD				Date of	Re	ceipt				
	Mailing Address Department of Pathology PO Box 2500				10	/	23	/ Y	2012		
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c.	Full Name (Last, First, Middle Initial) Dr. Ervin B Shaw MD				Date of	Re	ceipt				
	Mailing Address Dept of Path 2720 Sunset Blvd				M M 10	/	23	/ Y	y 2012		
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	Name of Employer United Clinical Laboratories Receipt For:	Occupation Pathologist	Year-to-Date ▼								
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в.	Full Name (Last, First, Middle Initial) Dr. Matthew James Snyder MD				Date of	f Re	eceip	ot			
	Mailing Address Pathology Dept 3000 New Bern Ave				M M	/	D	15	/ Y	2012	Y
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	Name of Employer Raleigh Pathology Lab Assoc PA	Occupation Pathologist									
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<u> </u>	Full Name (Last, First, Middle Initial) Dr. Paul Edward Steele MD				Date of	f Re	eceip	ot			
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	Cincinnati Childrens Hosp Med Ctr	Pathologist									
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Α.	Full Name (Last, First, Middle Initial) Dr Brian K Stewart MD				Date of	f Re	eceipt				
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В.	Full Name (Last, First, Middle Initial) Dr. Craig Allen Storm MD				Date of	f Re	ceipt				
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	Dartmouth-Hitchcock Medical Center	Pathologist									
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с.	Full Name (Last, First, Middle Initial) Dr. Elmer Noel Thompson III MD				Date of	f Re	eceipt				
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Full Name (Last, First, Middle Initial) A. Dr. Paul N. Valenstein MD				Date of	f Re	eceipt				
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Name of Employer St Joseph Mercy Hospital	Occupation Pathologist									
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Full Name (Last, First, Middle Initial) B. Dr. John S Vanhoose MD				Date of	f Re	eceipt				
Mailing Address 830 W Bayou Pines Dr				M M 11	/	05	/ Y	2012]
City Lake Charles	State LA	Zip Code 70601-7077					SA11AI.		od	
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Name of Employer Pathology Laboratory	Occupation Pathologist									
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Full Name (Last, First, Middle Initial) C. Dr Gail H Walker MD				Date of	f Re	eceipt				
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Α.	Full Name (Last, First, Middle Initial) Dr. Ronald L. Weiss MD,MBA				Date of	Re	ceipt				
	Mailing Address Dept of Path 500 Chipeta Way				м м 11	1	06	/ Y	2012		7
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	Full Name (Last, First, Middle Initial) Dr Jerome S Wilkenfeld MD				Date of	Re	ceipt				
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C.	Full Name (Last, First, Middle Initial) Dr. David S Wilkinson MD,PhD				Date of	Re	ceipt				
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Full Name (Last, First, Middle Initial) A. Dr. John Trace Worrell MD				Date of	f Re	ceipt			
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City Arlington	State TX	Zip Code 76012-4730				i on ID : Each Re		.47680 nis Period	
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Name of Employer Arlington Pathology Association	Occupation Pathologist								
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Full Name (Last, First, Middle Initial) B. Dr. Hector Zepeda MD				Date of	f Re	ceipt			
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Name of Employer Del Sol Med Ctr Immediate Care Ctr	Occupation Pathologist								
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FEC ID number of contributing federal political committee.	С			inoun					
Name of Employer	Occupation								
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼]						
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar																		
$\left \right $	NAME OF COMMITTEE (In Full)																		
	College of American Pathologists I	Political	Action Com	mitte	e														
Α.	Full Name (Last, First, Middle Initial) Sun Trust Bank							Date of Disbursement											
	Mailing Address P.O. Box 85024							10	/	D 1		/ Y	201		Y				
	City Richmond	State VA	Zip Code 23285					Tran	sact	ion ID	: SE	321B.4	7795	5					
	Purpose of Disbursement Suntrust Account Analysis							Amour	nt of	Each	Dist	oursem	ent t	this P	eriod				
	Candidate Name			Cat T	ego ype					,		7	Ξ	74.	50				
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼																
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	Richmond	State VA	Zip Code 23285					Tran	sact	ion ID	: SI	B21B.4	7796	6					
	Purpose of Disbursement Suntrust Moneris ACH Fee							Amour	nt of	Fach	Dist	oursem	ent t	this P	eriod				
	Candidate Name			Cate T	ego ype						Biok	,		41.					
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	Richmond	State VA	Zip Code 23285					Tran	sact	ion ID	: SI	B21B.4	7797	7					
	pose of Disbursement Intrust Account Analysis Fee Indidate Name				000	nu/	Amount of Each Disbursement this Period												
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IT	EMIZED DISBURSEMENTS	for each	n category of the d Summary Page	(C		k on 21b 27	· _	ne) 22 28a	×	23 28b	F	24 280		25 29	26 30b				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)			• • •															
	College of American Pathologists I	Politica	Action Com	mitte	e														
Α.		Il Name (Last, First, Middle Initial) HARLES BOUSTANY JR. MD FOR CONGRESS, INC.						Date of Disbursement											
	Mailing Address PO BOX 80126						11 / D D / Y Y Y Y 2012												
	City LAFAYETTE	State LA	Zip Code 70598					Trans	acti	on ID):	SB23.4	4781:	3					
	Purpose of Disbursement						_	Amoun	t of	Each	D	isburse	emen	t this	Period				
	Candidate Name			Cate	ego ype					,				500	0.00				
	Office Sought: X House Disburse Senate President X	ment For: Primary Other (sp	General																
_	State: LA District: 07		Runoff																
В.	Full Name (Last, First, Middle Initial) COLLINS FOR CONGRESS							Date of	f Dis	burse	əm	ent							
	Mailing Address P.O. BOX 386						_	11 / 20 / Y Y Y Y 2012											
	CLARENCE	State NY	Zip Code 14031					Transaction ID : SB23.47818											
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	Mailing Address 2015 DIETZ PL NW							10		3	31			012					
		State NM	Zip Code					Trans	acti	on ID):	SB23.	4781 [.]	1					
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																
	College of American Pathologists	Political	Action Com	mitte	e												
Α.	Full Name (Last, First, Middle Initial) DEB FISCHER FOR US SENATE	INC					Date of Disbursement										
	Mailing Address 317 S 12TH						1			23		012	Y				
								5		23	2	012					
	City LINCOLN	State NE	Zip Code 68508				Tra	nsac	tion IE) : SB23.4	780 1	1					
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	Candidate Name			Cat	egor	y/				21050130							
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	X Senate	Primary	General														
_	State: NE District: 00	Other (spe	eciiy) ▼														
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υ.	DONNELLY FOR INDIANA	NDIANA						Date of Disbursement									
	Mailing Address 1050 17TH ST NW STE 590						10 23 2012				1						
	City WASHINGTON	State DC	Zip Code 20036				Tra	nsac	tion II	D : SB23.4	17803	3					
	Purpose of Disbursement						Amount of Each Disbursement this Period										
	Candidate Name				egor ype	ry/			,	,		500	_				
	Office Sought: House Disburse	ment For: Primary Other (spe	X General														
	State: IN District: 00	(- -	T														
C.	Full Name (Last, First, Middle Initial) FEINSTEIN FOR SENATE								isburs				V				
	Mailing Address 1801 AVENUE OF THE STARS SUITE 829						м 1			23		012	Ŷ				
	City LOS ANGELES	State CA	Zip Code 90067				Tra	nsac	tion IE) : SB23.4	17806	6					
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	Candidate Name				Category/ Type		Amo	unt of	f Each	Disburse	men	t this 5000					
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Α.	Full Name (Last, First, Middle Initial) JOHN S FUND							Date o	f Dis	sburse	en	nent					
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	Mailing Address PO BOX 853						10 19 2012										
	,	State IL	Zip Code					Trans	sacti	ion ID):	SB23.4	7798	;			
	EDWARDSVILLE Purpose of Disbursement	IL	62025				_										
								Amoun	t of	Each	C	Disburse	ment	this	Period		
	Candidate Name			Cate T	egoi ype									5000	0.00		
	Office Sought: House Disburse Senate President	ment For: Primary Other (sp	K General														
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_	Full Name (Last, First, Middle Initial)																
в.	RON BARBER FOR CONGRESS	RON BARBER FOR CONGRESS						Date of Disbursement									
	Mailing Address PO BOX 57715						10			2	24			012	Y		
	City TUCSON	State AZ	Zip Code 85732				Transaction ID :		SB23.4	7809)						
	Purpose of Disbursement			-	_												
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	Mailing Address 815 A BRAZOS PMB 550							м м 10	/	2	23)12	Ŷ		
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	Purpose of Disbursement							٨٠٠٠٠	+ of	Took	-	Vichurco		thia	Dariad		
	Candidate Name		Cate	egoi ype			Amoun		Each)isburse	ment	3000				
	Office Sought: House Disburse X Senate President	ment For: Primary Other (sp	K General							,		,					
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 40 OF 41								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)								
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b								
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		•••									
College of American Pathologists	Political Action Comn	nittee									
Full Name (Last, First, Middle Initial)			Data of Distance								
A. VERNON PARKER FOR CONGR	RESS		Date of Disbursement								
Mailing Address 5635 E LINCOLN DRIVE # 18			10 19 2012								
City PARADISE VALLEY	State Zip Code AZ 85253		Transaction ID : SB23.47799								
PARADISE VALLET Purpose of Disbursement	,00200										
			Amount of Each Disbursement this Period								
		Category/ Type	2500.00								
Office Sought: X House Disburse Senate President	ement For: 2012 Primary X General Other (specify)										
State: AZ District: 09											
Full Name (Last, First, Middle Initial)											
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Mailing Address											
City	State Zip Code										
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Candidate Name		Category/									
		Туре									
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Full Name (Last, First, Middle Initial)			Date of Disbursement								
Mailing Address											
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Candidate Name		Category/ Type	Amount of Each Disbursement this Period								
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check on	ly one)									
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NAME OF COMMITTEE (In Full)												
College of American Pathologists F	Political Action Comr	nittee										
Full Name (Last, First, Middle Initial) A. MARSHA BLACKBURN FOR CON	Date of Disbursement											
Mailing Address PO Box 3750			10 18 2012									
BRENTWOOD	State Zip Code TN 37024		Transaction ID : SB28B.47820									
Purpose of Disbursement Voided Check for General Election Fund			Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	-3000.00									
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v											
State: TN District: 07												
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