



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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.....	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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	51989.00	315735.00
(ii) Unitemized .....	14510.00	95442.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	66499.00	411177.00
(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) .....	66499.00	411177.00
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))..... ▶	66499.00	411177.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66499.00	411177.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	166.40	1047.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	166.40	1047.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	445500.00
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 .....	-3000.00	-8000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-3000.00	-8000.00
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)) ..	34166.40	424829.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34166.40	424829.90

**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) .....	66499.00	411177.00
34. Total Contribution Refunds (from Line 28(d)) .....	-3000.00	-8000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69499.00	419177.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	166.40	1047.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	166.40	1047.90

**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 6 OF 41
<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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kenneth M Algino MD</b>		Date of Receipt
Mailing Address 3610 Colonial Green Cir SW		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Roanoke VA 24018-3738		<b>Transaction ID : SA11AI.47594</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer Carilion Labs, LLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Randa Alsabeh MD</b>		Date of Receipt
Mailing Address 8700 Beverly Blvd Rm 4709		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City State Zip Code Los Angeles CA 90048-1804		<b>Transaction ID : SA11AI.47466</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Cedars-Sinai Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Lawrence Ariano MD</b>		Date of Receipt
Mailing Address Dept of Path 25 N Winfield Rd		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City State Zip Code Winfield IL 60190-1222		<b>Transaction ID : SA11AI.47418</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2400.00"/>
Name of Employer Central DuPage Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 41
	<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. Byron Charles Arndt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 N Modoc Ave  
 City Medford State OR Zip Code 97504-6921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11AI.47598**  
 Amount of Each Receipt this Period  
 750.00

**B. Dr. Janis M Atkinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 355 Ridge Ave  
 City Evanston State IL Zip Code 60202-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presence St Francis Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47473**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr Ronald G Bardawil MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 275 Sandwich St  
 City Plymouth State MA Zip Code 02360-2183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jordan Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11AI.47711**  
 Amount of Each Receipt this Period  
 249.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1499.00
<b>TOTAL</b> 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 41
	<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. Bryan L. Bartlett MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1424 Plantation Dr N  
 City Colleyville State TX Zip Code 76034-4163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baylor-All Saints Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47479**  
 Amount of Each Receipt this Period  
 1250.00

**B. Dr. Margaret A. Batt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9352 Park West Blvd  
 City Knoxville State TN Zip Code 37923-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parkwest Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : SA11AI.47599**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Stephen N Bauer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept  
 6501 Coyle Ave  
 City Carmichael State CA Zip Code 95608-0306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy San Juan Med Ctr 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  
 10 / 23 / 2012  
**Transaction ID : SA11AI.47601**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4250.00
<b>TOTAL</b> 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 41
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Brent D Benjamin MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 <b>Transaction ID : SA11AI.47602</b>
Mailing Address Dept of Path 400 S 43rd St		Amount of Each Receipt this Period 200.00
City Renton	State WA	
Zip Code 98055-5714		Aggregate Year-to-Date ▼ 450.00
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Med Ctr	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Dr. Peter F. Bernhardt MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 <b>Transaction ID : SA11AI.47713</b>
Mailing Address Dept of Path 800 Biesterfield Rd		Amount of Each Receipt this Period 2000.00
City Elk Grove Village	State IL	
Zip Code 60007-3361		Aggregate Year-to-Date ▼ 2000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Alexian Brothers Medical Center	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Dr. John T Bickel MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.47788</b>
Mailing Address Dept of Path 2525 Desales Ave		Amount of Each Receipt this Period 500.00
City Chattanooga	State TN	
Zip Code 37404-1161		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Diagnostic Pathology Services PC	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> 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 10 OF 41
<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. Paul W Biddinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path BAE 2580  
 1120 15th St  
 City Augusta State GA Zip Code 30912-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgia Health Sciences University Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 05 / 2012**  
**Transaction ID : SA11AI.47715**  
 Amount of Each Receipt this Period **300.00**

**B. Dr Cathy O Blight MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1 Hurley Plz  
 City Flint State MI Zip Code 48503-5902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hurley Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 26 / 2012**  
**Transaction ID : SA11AI.47684**  
 Amount of Each Receipt this Period **750.00**

**C. Dr. Michael S Brown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2900 12th Ave N Ste 295W  
 City Billings State MT Zip Code 59101-7504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yellowstone Pathology Institute Inc Bi Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 05 / 2012**  
**Transaction ID : SA11AI.47719**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2050.00**  
**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 41
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeff W Byrd MD</b>		Date of Receipt 10 / 22 / 2012 <b>Transaction ID : SA11AI.47485</b>
Mailing Address Dept of Path 915 Gordon At Mimosa Dr		Amount of Each Receipt this Period 250.00
City Thomasville	State GA	Zip Code 31792-6699
FEC ID number of contributing federal political committee. C	Name of Employer John D Archbold Memorial Hospital	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Alvaro G Candel MD</b>		Date of Receipt 10 / 22 / 2012 <b>Transaction ID : SA11AI.47487</b>
Mailing Address Dept of Path 155 E Brush Hill Rd		Amount of Each Receipt this Period 1000.00
City Elmhurst	State IL	Zip Code 60126-2966
FEC ID number of contributing federal political committee. C	Name of Employer Elmhurst Mem Hosp	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Lydia R Christiansen MD</b>		Date of Receipt 10 / 22 / 2012 <b>Transaction ID : SA11AI.47494</b>
Mailing Address 2502 Osprey St		Amount of Each Receipt this Period 750.00
City Casper	State WY	Zip Code 82601
FEC ID number of contributing federal political committee. C	Name of Employer Wyoming Medical Center	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 41
	<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. Jimmy R Clark MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
8901 W Lincoln Ave

City West Allis State WI Zip Code 53227-2409

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

Name of Employer ACL Labs Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 / 18 / 2012  
**Transaction ID : SA11AI.47419**

Amount of Each Receipt this Period  
200.00

**B. Dr. Thomas J Cooper Jr MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 5620 E El Parque St

City Long Beach State CA Zip Code 90815-4129

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : SA11AI.47782**

Amount of Each Receipt this Period  
100.00

**C. Dr. James M Crawford MD,PhD**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 Community Dr

City Manhasset State NY Zip Code 11030-3816

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

Name of Employer North Shore University Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 26 / 2012  
**Transaction ID : SA11AI.47688**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5300.00
<b>TOTAL</b> 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 41
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey L Curtis MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 <b>Transaction ID : SA11AI.47616</b>
Mailing Address Dept of Path 1601 Ygnacio Valley Rd		Amount of Each Receipt this Period 250.00
City Walnut Creek	State CA	
Zip Code 94598-3122		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer John Muir Med Ctr-Walnut Creek Campus	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Dr. Fernando Ramon De Castro MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 <b>Transaction ID : SA11AI.47499</b>
Mailing Address 250 Fountain Ct		Amount of Each Receipt this Period 250.00
City Lexington	State KY	
Zip Code 40509-1888		Aggregate Year-to-Date ▼ 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dermatopathology Reference Lab	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Dr Paul S Dickman MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 <b>Transaction ID : SA11AI.47681</b>
Mailing Address Dept of Path /Lab 1919 E Thomas Rd		Amount of Each Receipt this Period 250.00
City Phoenix	State AZ	
Zip Code 85016-7710		Aggregate Year-to-Date ▼ 1750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Phoenix Children's Hosp	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 14 OF 41
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul G Ellerbeck MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.47790</b>
Mailing Address 250 Mercy Dr RM PO Box 731		Amount of Each Receipt this Period 1000.00
City Dubuque      State IA      Zip Code 52004-0731	FEC ID number of contributing federal political committee. C	
Name of Employer Pathology Associates      Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) <b>B. Dr. Christopher Michael Flynn MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 <b>Transaction ID : SA11AI.47627</b>
Mailing Address 175 College St		Amount of Each Receipt this Period 1000.00
City Battle Creek      State MI      Zip Code 49037-3432	FEC ID number of contributing federal political committee. C	
Name of Employer Reg Med Labs Inc      Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

Full Name (Last, First, Middle Initial) <b>c. Dr. Joseph Michael Foley MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 <b>Transaction ID : SA11AI.47706</b>
Mailing Address 2252 E Minton St		Amount of Each Receipt this Period 500.00
City Mesa      State AZ      Zip Code 85213-1400	FEC ID number of contributing federal political committee. C	
Name of Employer Banner Baywood Medical Center      Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 15 OF 41
	<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. Irwin S Fox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11405 E Stearn Ave  
 City Mesa State AZ Zip Code 85212-7065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lab Medicine Consultants Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47503**  
 Amount of Each Receipt this Period **100.00**

**B. Dr. Wayne Lee Garrett DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 96 Museum Way  
 City San Francisco State CA Zip Code 94114-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Coast Pathology Labs Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47505**  
 Amount of Each Receipt this Period **1500.00**

**c. Dr. Alexandra J. Gillespie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3111 Beverly Dr  
 City Dallas State TX Zip Code 75205-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PathAdvantage Associated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 19 / 2012**  
**Transaction ID : SA11AI.47441**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1850.00</b>
<b>TOTAL</b> 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 16 OF 41
	<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. Herschel Wallace Gordon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 Hospital Dr  
 City Ukiah State CA Zip Code 95482-4531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ukiah Valley Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11AI.47728**  
 Amount of Each Receipt this Period  
 250.00

**B. 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 ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : SA11AI.47783**  
 Amount of Each Receipt this Period  
 50.00

**c. Dr. Dolph David Haege MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 S 3rd St  
 City Belleville State IL Zip Code 62220-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Elizabeth Hosp 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  
 10 / 26 / 2012  
**Transaction ID : SA11AI.47690**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<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. John C. Harrison MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2904 Westcorp Blvd SW Ste 108  
 City Huntsville State AL Zip Code 35805-6437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Associates PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47511**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr Jeff D Harvell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 Elton Rd Ste 11  
 City Silver Spring State MD Zip Code 20903-5724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bethesda Dermatopathology Laboratory Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47512**  
 Amount of Each Receipt this Period **300.00**

**C. Dr James E Haswell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Greystone Farm Ln  
 City Westport State CT Zip Code 06880-2750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Griffin Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47513**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2300.00</b>
<b>TOTAL</b> 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 18 OF 41
	<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. Valerie A. Holst MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Pathology  
 190 E Bannock St  
 City Boise State ID Zip Code 83712-6241  
 Occupation Pathologist  
 Name of Employer St Luke's Reg Med Ctr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Pathologist  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.47514**  
 Amount of Each Receipt this Period 200.00

**B. Dr. Gordon Dwight Honda MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Park Creek Dr  
 City Clovis State CA Zip Code 93611-4426  
 Occupation Pathologist  
 Name of Employer Path Associates  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Pathologist  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : SA11AI.47515**  
 Amount of Each Receipt this Period 250.00

**C. Dr. Daniel L Hood MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6845 Penridge Dr  
 City Centerville State OH Zip Code 45459-6604  
 Occupation Pathologist  
 Name of Employer CompuNet Clinical Labs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Occupation Pathologist  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2012  
**Transaction ID : SA11AI.47732**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 19 OF 41
	<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. Bruce Wayne Hughes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9010  
 City Kokomo State IN Zip Code 46904-9010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Hosp & Health Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47516**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Larry H Hung MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 0951  
 710 Center St  
 City Columbus State GA Zip Code 31902-0951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 23 / 2012**  
**Transaction ID : SA11AI.47636**  
 Amount of Each Receipt this Period **200.00**

**C. Dr. Thomas M Jackson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 2333 Buchanan St Fl 2  
 City San Francisco State CA Zip Code 94115-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer California Pacific Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 18 / 2012**  
**Transaction ID : SA11AI.47423**  
 Amount of Each Receipt this Period **400.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> 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 20 OF 41
	<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. Dudley D. Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 N Creekwood Dr  
 City Mansfield State TX Zip Code 76063-5428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arlington Pathology Association Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 19 / 2012**  
**Transaction ID : SA11AI.47444**  
 Amount of Each Receipt this Period **100.00**

**B. Dr. William Frederick Kern III MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hlth Sci Ctr Path Dept, BMSB 451  
 City Oklahoma City State OK Zip Code 73104-5020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Oklahoma Health Science Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2012**  
**Transaction ID : SA11AI.47694**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Edward Albert Klein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Shannon Ct  
 City Center Moriches State NY Zip Code 11934-2709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brookhaven Mem Hosp Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 05 / 2012**  
**Transaction ID : SA11AI.47740**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1350.00</b>
<b>TOTAL</b> 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 21 OF 41
	<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. Paula R Larson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 Floyd Curl Dr  
 City San Antonio State TX Zip Code 78229-3902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southwest Texas Methodist Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47520**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Barry P Latner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Pathology  
 2540 East Street  
 City Concord State CA Zip Code 94520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Muir Med Ctr-Concord Campus Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47521**  
 Amount of Each Receipt this Period  
 190.00

**C. Dr. Jack Howard Lichy MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path & Lab Med Svcs  
 50 Irving St NW  
 City Washington State DC Zip Code 20422-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VA Med Ctr-Washington, DC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.47425**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 640.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 23 OF 41  
(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. Jonathan Edward Musicant MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Lab  
 1650 Creekside Dr  
 City Folsom State CA Zip Code 95630-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Hospital of Folsom Laboratory Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47532**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr Robert O Newbury MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 3020 Childrens Way # 5007  
 City San Diego State CA Zip Code 92123-4223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rady Children's Hosp-San Diego Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47535**  
 Amount of Each Receipt this Period  
**250.00**

**c. Dr. Steven Frank O'Sheal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 1st St N Ste 200  
 City Alabaster State AL Zip Code 35007-8796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cytology & Pathology Services 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  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47541**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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. John Scott Oehrle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Carlisle St  
 City Natrona Heights State PA Zip Code 15065-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allegheny Valley Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 29 / 2012**  
**Transaction ID : SA11AI.47707**  
 Amount of Each Receipt this Period **200.00**

**B. Dr. Nader T Okby MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 Dawn Dr  
 City Westtown State NY Zip Code 10998-2824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orange Pathology Associates PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 19 / 2012**  
**Transaction ID : SA11AI.47451**  
 Amount of Each Receipt this Period **400.00**

**C. Dr Bahram R Oliai MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address IHC Laboratory  
 1355 River Bend Dr  
 City Dallas State TX Zip Code 75247-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Propath Lab Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47538**  
 Amount of Each Receipt this Period **400.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<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. Dennis G O Neill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept 1st Fl  
 71 Haynes St  
 City Manchester State CT Zip Code 06040-4188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Manchester Memorial Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : SA11AI.47777**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Stephen A. Ovanessoff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10276 E Bella Vista Dr  
 City Scottsdale State AZ Zip Code 85258-5720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clin-path Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11AI.47756**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Eva D Patalas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1493 Cambridge St  
 City Cambridge State MA Zip Code 02139-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : SA11AI.47779**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<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. James Arthur Paulson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Anthwyn Rd  
 City Narberth State PA Zip Code 19072-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bryn Mawr Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47544**  
 Amount of Each Receipt this Period **250.00**

**B. Dr Wayne E Penka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 7500 Mercy Rd  
 City Omaha State NE Zip Code 68124-2319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alegent Mercy Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 01 / 2012**  
**Transaction ID : SA11AI.47710**  
 Amount of Each Receipt this Period **400.00**

**C. Dr. Luke A Perkocha MD,MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path Mailbox 1785  
 City San Francisco State CA Zip Code 94143-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCSF Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 26 / 2012**  
**Transaction ID : SA11AI.47701**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1150.00</b>
<b>TOTAL</b> 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 27 OF 41
	<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. Christine F. Piller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Church St N  
 City State Zip Code  
 Concord NC 28025-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CMC - Northeast Med Ctr Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47547**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Angelica Rocio Putnam MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 100 Mario Capecchi Dr  
 City State Zip Code  
 Salt Lake City UT 84113-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Primary Childrens Medical Center Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012  
**Transaction ID : SA11AI.47428**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr. Michael Scott Rabkin MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 419 E 2nd Ave  
 City State Zip Code  
 Tarentum PA 15084-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rabkin Dermatopathology Lab Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47553**  
 Amount of Each Receipt this Period  
 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> 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 28 OF 41
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr Linda H Riley MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 <b>Transaction ID : SA11AI.47561</b>
Mailing Address 1116 138th Ave NW		Amount of Each Receipt this Period 500.00
City Andover	State MN	Zip Code 55304-6728
FEC ID number of contributing federal political committee. C	Name of Employer United Hospital	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Stanley J. Robboy MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : SA11AI.47455</b>
Mailing Address 104 Donegal Dr		Amount of Each Receipt this Period 1000.00
City Chapel Hill	State NC	Zip Code 27517-6559
FEC ID number of contributing federal political committee. C	Name of Employer Duke University Medical Center	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Paula Jayne Rogers MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2012 <b>Transaction ID : SA11AI.47760</b>
Mailing Address Dept of Pathology 2825 Parklawn Dr		Amount of Each Receipt this Period 300.00
City Midwest City	State OK	Zip Code 73110-4201
FEC ID number of contributing federal political committee. C	Name of Employer Midwest Reg Med Ctr	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> 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 29 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
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NAME OF COMMITTEE (In Full)  
**College of American Pathologists Political Action Committee**

**A. Dr. Patricia R Romano MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Brooklyn Navy Yard  
 63 Flushing Ave Unit 292  
 City Brooklyn State NY Zip Code 11205-1079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shiel Medical Laboratory Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47562**  
 Amount of Each Receipt this Period **150.00**

**B. Dr. Charles F Romberger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Lab  
 555 N Duke St  
 City Lancaster State PA Zip Code 17602-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lancaster General Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.47792**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Susan W Rusch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address WFHC  
 5000 W Chambers St  
 City Milwaukee State WI Zip Code 53210-1650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Josephs Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 22 / 2012**  
**Transaction ID : SA11AI.47565**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1400.00**  
**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 30 OF 41
	<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. Eric C. Rysenga MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Pathology  
 351 SW 9th St  
 City Ontario State OR Zip Code 97914-2639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Alphonsus Med Ctr-Ontario Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 23 / 2012**  
**Transaction ID : SA11AI.47658**  
 Amount of Each Receipt this Period **200.00**

**B. Dr. Michael F. Schaldenbrand MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 PO Box 2500  
 City Dearborn State MI Zip Code 48123-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oakwood Hosp & Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 23 / 2012**  
**Transaction ID : SA11AI.47665**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Ervin B Shaw MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 2720 Sunset Blvd  
 City West Columbia State SC Zip Code 29169-4810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lexington Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 23 / 2012**  
**Transaction ID : SA11AI.47669**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1450.00**  
**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 31 OF 41
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel D Slagel MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 <b>Transaction ID : SA11AI.47704</b>
Mailing Address Path Associates 250 Mercy Dr G231		Amount of Each Receipt this Period 250.00
City Dubuque	State IA	
Zip Code 52004-0731		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer United Clinical Laboratories	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Matthew James Snyder MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : SA11AI.47786</b>
Mailing Address Pathology Dept 3000 New Bern Ave		Amount of Each Receipt this Period 175.00
City Raleigh	State NC	
Zip Code 27610-1231		Aggregate Year-to-Date ▼ 1575.00
FEC ID number of contributing federal political committee. C		
Name of Employer Raleigh Pathology Lab Assoc PA	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Paul Edward Steele MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2012 <b>Transaction ID : SA11AI.47575</b>
Mailing Address Path & Lab Med MLC 1010 3333 Burnet Ave		Amount of Each Receipt this Period 250.00
City Cincinnati	State OH	
Zip Code 45229-3026		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cincinnati Childrens Hosp Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> 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 32 OF 41
	<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 Brian K Stewart MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1348 NE Cushing Dr Ste 200

City	State	Zip Code
Bend	OR	97701-3876

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

Name of Employer	Occupation
Central Oregon Path Cnslt PC	Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : SA11AI.47577**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8 Stage Coach Rd

City	State	Zip Code
Lebanon	NH	03766-2309

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

Name of Employer	Occupation
Dartmouth-Hitchcock Medical Center	Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : SA11AI.47430**

Amount of Each Receipt this Period  
250.00

**c. Dr. Elmer Noel Thompson III MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Lab  
12500 Willowbrook Rd

City	State	Zip Code
Cumberland	MD	21502-6393

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

Name of Employer	Occupation
unaffiliated	Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

**Transaction ID : SA11AI.47676**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> 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 33 OF 41
	<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. Paul N. Valenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 5301 E. Huron River Drive  
 City Ann Arbor State MI Zip Code 48106-0955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Joseph Mercy Hospital 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  
 11 / 08 / 2012  
**Transaction ID : SA11AI.47781**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. John S Vanhose MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 830 W Bayou Pines Dr  
 City Lake Charles State LA Zip Code 70601-7077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Laboratory Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11AI.47767**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Gail H Walker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1354 Drakie Ct SW  
 City Lilburn State GA Zip Code 30047-2435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastside Medical Ctr 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  
 10 / 22 / 2012  
**Transaction ID : SA11AI.47586**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 34 OF 41
	<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. Ronald L. Weiss MD,MBA**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
500 Chipeta Way

City Salt Lake City State UT Zip Code 84108-1221

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

Name of Employer ARUP Laboratories Inc Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : SA11AI.47773**

Amount of Each Receipt this Period  
500.00

**B. Dr Jerome S Wilkenfeld MD**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 690685

City Houston State TX Zip Code 77269-0685

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

Name of Employer North Cypress Medical Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
10 / 22 / 2012  
**Transaction ID : SA11AI.47591**

Amount of Each Receipt this Period  
700.00

**c. Dr. David S Wilkinson MD,PhD**

Full Name (Last, First, Middle Initial)  
Mailing Address Sanger Hall S4-011  
1101 E Marshall St # 980662

City Richmond State VA Zip Code 23298-5048

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

Name of Employer VCU Health System Authority Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 05 / 2012  
**Transaction ID : SA11AI.47771**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> 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 35 OF 41
	<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. John Trace Worrell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 908 Wright St  
 City Arlington State TX Zip Code 76012-4730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arlington Pathology Association Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 23 / 2012  
**Transaction ID : SA11AI.47680**  
 Amount of Each Receipt this Period 200.00

**B. Dr. Hector Zepeda MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10175 Gateway Blvd W Ste 116  
 City El Paso State TX Zip Code 79925-7618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Del Sol Med Ctr Immediate Care Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2012  
**Transaction ID : SA11AI.47709**  
 Amount of Each Receipt this Period 250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	51989.00

**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 Account Analysis

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2012

Transaction ID : **SB21B.47795**

Amount of Each Disbursement this Period

74.50

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 Moneris ACH Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

Transaction ID : **SB21B.47796**

Amount of Each Disbursement this Period

41.40

Full Name (Last, First, Middle Initial)

**C. 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  
11 / 21 / 2012

Transaction ID : **SB21B.47797**

Amount of Each Disbursement this Period

50.50

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

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

166.40

166.40

**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. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Runoff

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	20	/	2012

**Transaction ID : SB23.47813**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. COLLINS FOR CONGRESS**

Mailing Address P.O. BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement Campaign Terminated per FEC

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Debt Retirement

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	20	/	2012

**Transaction ID : SB23.47818**

Amount of Each Disbursement this Period

2,500.00
----------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2012

**Transaction ID : SB23.47811**

Amount of Each Disbursement this Period

2,500.00
----------

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

10000.00
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**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. DEB FISCHER FOR US SENATE INC**

Mailing Address 317 S 12TH

City LINCOLN State NE Zip Code 68508

Purpose of Disbursement

Candidate Name

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

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2012

Transaction ID : SB23.47801

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DONNELLY FOR INDIANA**

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2012

Transaction ID : SB23.47803

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FEINSTEIN FOR SENATE**

Mailing Address 1801 AVENUE OF THE STARS SUITE 829

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District:

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2012

Transaction ID : SB23.47806

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

**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. JOHN S FUND**

Mailing Address PO BOX 853

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

10 / 19 / 2012

**Transaction ID : SB23.47798**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. RON BARBER FOR CONGRESS**

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

/  /

10 / 24 / 2012

**Transaction ID : SB23.47809**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. TED CRUZ FOR SENATE**

Mailing Address 815 A BRAZOS  
PMB 550

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

/  /

10 / 23 / 2012

**Transaction ID : SB23.47807**

Amount of Each Disbursement this Period

3000.00

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

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

9500.00

# 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. VERNON PARKER FOR CONGRESS

Mailing Address 5635 E LINCOLN DRIVE  
# 18

City PARADISE VALLEY State AZ Zip Code 85253

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			19			2012					

Transaction ID : SB23.47799

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) ▼

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00
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37000.00
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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 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. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement  
Voided Check for General Election Fund

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : SB28B.47820

Amount of Each Disbursement this Period

-3000.00
----------

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 M	/	D 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 M	/	D 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)..... ▶

-3000.00
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-3000.00
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