1. NAME OF Construction   USE FEC MALLING LABEL Over the lints   Example of the lints     Cellege of American Pathologists Political Action Committee	FEC FORM 3X	AN	EPORT O ND DISBU Other Than Ar	IRSEM	ENTS	ee		Office Use Only	
ADDRESS (number and street)   1350 I Street, NW     ADDRESS (number and street)   1350 I Street, NW     Subic 590   State 590     Check if different than previously   Subic 590     Coop74944   State 590     Coop74944   State 590     Coop74944   State 590     Coop74944   State 500     Coop74944   State 500     (a) Quarterly Reports:   April 15     April 15   April 15     Quarterly Report(21)   Har 20 (M3)     Jup 15   Quarterly Report(20)     Quarterly Report(20)   Primary (12P)     Quarterly Report(20)   Election on     Quarterly Report(20)   Primary (12P)     Quarterly Report(20)   Primary (12P)     Quarterly Report(20)   Election on     Quarterly Report(20)   Primary (12P)     Quarterly Report(20)   Report for the:     Quarterly Report(20)   Primary (12P)     Quar						, type			
ADDRESS (number and street)   Suite 530     Check if different reproductly reported. (ACC)   Washington     2. FEC IDENTIFICATION NUMBER   CITY A     State 530   State 530     C00274944   State 530     C00274944   State 530     C00274944   State 540     C00274944   State 540     C00274944   State 540     C00274944   State 540     C00274944   Markington     (Choose One)   Markington     (a) Quarterly Report(2)   Dec 0n:     (a) Quarterly Report(2)   Dec 0n:     (b) Monthly   Feb 20 (M2)   Mary 20 (M5)     April 15   Quarterly Report(2)     Octobor 15   Quarterly Report(2)     Octobor 15   Quarterly Report(2)     July 31 Mdr.Year   Feb 20 (M2)     PRE-Election   Report for the:     Covering Period   O7     O1   2011     tree or N(Y)   State of     Signature of Treasurer   Dr. Rence R. Ellerbroek     Det or Treasurer   Dr. Rence R. Ellerbroek     Det or Treasurer   Dr. Rence R. Ellerbroek	College of America								<u> </u>
Check if different reported. (ACC)   Washington     2. FEC IDENTIFICATION NUMBER   ✓   CITY ▲   STATE ▲   ZIPCODE ▲     2. FEC IDENTIFICATION NUMBER   ✓   CITY ▲   STATE ▲   ZIPCODE ▲     2. FEC IDENTIFICATION NUMBER   ✓   CITY ▲   STATE ▲   ZIPCODE ▲     2. C00274944   3. IS THIS REPORT   X   NEW (N)   OR   AMENDED (A)     4. TYPE OF REPORT (Choose One)   (b) Monthly Report   Feb 20 (M2)   May 20 (M5)   X   Aug 20 (M8)   Nov2 20 (M11) (Non-Flection (A)     (a) Quarterly Report:   April 15 Quarterly Report(Q1)   Due On:   Mar 20 (M3)   Jun 20 (M6)   Sep 20 (M9)   Prec 20 (M12)   Prec 20 (M12)   Prec 20 (M12)   Quarterly Report(Q2)   April 20 (M7)   Oct 20 (M10)   Jan 31 (YE)     Quarterly Report(Q1)   July 15   Gouraterly Report(Q2)   Preceding   Primary (12P)   General (12G)   Runoff (12R)     Quarterly Report(Q2)   October 15   Quarterly Report(Q3)   Jun 20 (M7)   Oct 20 (M10)   Jan 31 (YE)     Quarterly Report   Foot Flocing   General (30G)   Runoff (30R)   Special (30S)     Termination Report   Termination Report	ADDRESS (number and	street)							
C00274944   3. IS THIS REPORT   X   NEW (N)   OR   AMENDED (A)     4.   TYPE OF REPORT (Choose One)   (a)   Monthly Report   Feb 20 (M2)   May 20 (M5)   X Aug 20 (M8)   Nov 20 (M11) Nov 20 (M11)     (a)   Quarterly Reports:   (b)   Mar 20 (M3)   Jun 20 (M6)   Sep 20 (M9)   Dec 20 (M12) Dec 20 (M10)   Dec 20 (M10)   Jan 31 (YE)     (a)   Quarterly Report(Q1)   (c)   12-Day   Primary (12P)   General (12G)   Runoff (12R)     (c)   12-Day   Primary (12P)   General (12G)   Runoff (12R)     (d)   30-Day   Report (No-releation Year Only) (MY)   Election on   in the State of     3.   Covering Period   07   01   2011   through 07   31   2011     5.   Covering Period   07   01   2011   through 07   31   2011     Icertify 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   Date   08   19   2011     NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties	than previous	ent L						20005	
A. TYPE OF REPORT (Choose One)   (b) Monthly Report   Feb 20 (M2)   May 20 (M5)   X   Aug 20 (M8)   Nov 20 (M11) (Nov Election Vear ONly)     (a) Quarterly Reports:   (b) Monthly Report   Feb 20 (M2)   May 20 (M5)   X   Aug 20 (M8)   Nov 20 (M11) (Nov Election Vear Only)     (a) Quarterly Report(Q1)   July 15 Quarterly Report(Q2)   October 15 Quarterly Report(Q3)   Pre-Election Report for the:   Convention (12C)   Special (12G)   Runoff (12R)     (d) 30-Day   Pre-Election Report for the:   General (30G)   Runoff (30R)   Special (30S)     Termination Report (TER)   01   20 11   through 07   31   2011     I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.   Type or Print Name of Treasurer   Dr. Renee R. Ellerbroek   Date   08   19   2011     NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2U.S.C 437g.   Fee FORM 3X	2. FEC IDENTIFICAT	ION NUMBER	₩	CITY 🛋		S	STATE	ZIPCO	DE 🔺
(Choose One)   Report   Ped 20 (Wz)   May 20 (Ws)   Aug 20 (Ws)   (Man Election Team only the period the period the period only the period the per	C00274944	• • • •							
J. Covering Period   Initial     I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.     Type or Print Name of Treasurer   Dr. Renee R. Ellerbroek     Signature of Treasurer   Electronically Filed by   Dr. Renee R. Ellerbroek     NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.     Office   Use	(Choose One) (a) Quarterly Rep April 15 Quarterly July 15 Quarterly October Quarterly January : Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) fiid-Year on-election y) (MY)	Report Due On: (c) 12-Day <b>PRE</b> -Elect Report for (d) 30-Day <b>Post</b> -Elec Report for	Mar 20 (M3 Apr 20 (M4 ion the:	Primary (12F	Jun 20 (M6) Jul 20 (M7) ) 12C)	General (	20 (M9) 20 (M10) 20 (	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Office Use FEC FORM 3X	I certify that I have exam Type or Print Name of T Signature of Treasurer	ined this Repor	rt and to the best of Dr. Renee R. Ellerb y Filed by Dr. Ren	my knowledge roek nee R. Ellerbro	and belief it is	true, correct a	and complete.	19	
	Office Use				iojeci ine pers		ο π <del>ο</del> μοιτιο ιΛθ	FEC FOR	M 3X

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBORSEMENTS	Page 2
V	Vrite or Type Committee Name College of American Pathologists Poli	tical Action Committee	
F		M     D     D     Y	Го: M M M D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 <sup>Y Y Y</sup>		388632.97
	(b) Cash on Hand at Begining of Reporting Period	396616.08	
	(c) Total Receipts (from Line 19)	16088.86	275490.72
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	412704.94	664123.69
7.	Total Disbursements (from Line 31)	77.50	251496.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	412627.44	412627.44
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	

X 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

FE6AN026

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name College of American Pathologists Political Action Committee м м 07 01 м м 07 3<sup>D</sup>1 D 2011 D 2011 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13227.86 199784.86 (i) Itemized (use Schedule A) ..... 2861.00 74355.86 (ii) Unitemized ..... (iii) TOTAL (add 16088.86 274140.72 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees (C) 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 16088.86 274140.72 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 1350.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 16088.86 275490.72 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 16088.86 275490.72 (subtract Line 18(c) from Line 19) .....

FE6AN026

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	77.50	496.25
	(c) Total Operating Expenditures		
2	(add 21(a)(i), (a)(ii) and (b)) Transfers to Affiliated/Other Party	77.50	496.25
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	250718.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	<ul><li>(such as PACs)</li><li>(d) Total Contribution Refunds</li></ul>		
	(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00
Э.	Other Disbursements	0.00	282.00
Э.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	77.50	251496.25
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	77.50	251496.25

# DETAILED SUMMARY PAGE

of Disbursements

	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)	16088.86	274140.72
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16088.86	274140.72
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	77.50	496.25
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	77.50	496.25

FE6AN026

			i	FOR LINE NUMBER: PAGE 6/16
	SCHEDULE A (FEC Form 3X)	Use separate sch for each category	nedule(s)	(check only one)
I	TEMIZED RECEIPTS	Detailed Summar		X 11a 11b 11c 12
Г	Any information copied from such Reports and Si	atements may not be cold or used	by any person	13 14 15 16 17
	or for commercial purposes, other than using the	name and address of any political	committee to so	licit contributions from such committee.
	College of American Pathologists Polit	cal Action Committee		
, А.	Full Name (Last, First, Middle Initial) George Neil Asthana, Dr.			Date of Receipt
	Mailing Address 1397 Pearl S Buck Ct			M M / D D / Y Y Y Y 07 28 2011
	City	State Zip Code		Transaction ID: SA11AI.41551
	Niceville	FL 32578-4332		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ft Walton Beach Med Ctr	Occupation		
	Receipt For:	Pathologist		
	Primary General	Aggregate Year-to-Date		
	Other (specify)		250.00	
- В.	Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr.			Date of Receipt
	Mailing Address Department of Patholog 206 E. Brown Street	ЭУ		M     M     /     D     D     /     Y
	City	State Zip Code		Transaction ID: SA11AI.41556
	East Stroudsburg	PA 18301		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pocono Med Ctr	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General		500.00	
	Other (specify)	0 0 0 0 0 0		
- C.	Full Name (Last, First, Middle Initial) C Phillip Collins, Dr.			Date of Receipt
	Mailing Address Pathology Department 12221 N. Mopac Expw	·		M M / D D / Y Y Y Y 07 26 2011
	City	State Zip Code		Transaction ID: SA11AI.41558
	Austin	TX 78758		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer North Austin Med Ctr	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary General   Other (specify)		500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			850.00
┝	SUBICIAL OF NECEIPIS THIS Fage (optional)		····· <b>P</b>	
	TOTAL This Period (last page this line number of	only)	►	

	SCHEDULE A (FEC Form 3X)	0000000	parate schedule(s) a category of the	FOR LINE NUMBER: PAGE 7 / 16 (check only one)
I	TEMIZED RECEIPTS		Summary Page	X 11a 11b 11c 12 13 14 15 16 17
-	Any information copied from such Reports and or for commercial purposes, other than using th	n for the purpose of soliciting contributions		
Γ	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Po	litical Action Committee	9	
∠ A.	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.			Date of Receipt
	Mailing Address 5620 East El Parque	Street		07 18 2011
	City	State Zip Co	de	Transaction ID: SA11AI.41559
	Long Beach	CA 90815	5-4129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Centinela Hosp Med Ctr	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Da	ate 🔻	1
	Primary General   Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) E Mindy Cooper-Smith, Dr.			Date of Receipt
	Mailing Address 352 Lincoln Dr			07 / 28 / Y Y Y Y 011
	City	State Zip Co	ode	Transaction ID: SA11AI.41561
	Ventura	CA 93001	-2322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Barton Mem Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary General   Other (specify) ▼		500.00	
– C.	Full Name (Last, First, Middle Initial) Michael Christopher Flynn, Dr.	I		Date of Receipt
	Mailing Address 175 College St			07 01 2011
	City	State Zip Co		Transaction ID: SA11AI.41566
	Battle Creek	MI 49017	7-3432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer RML Pathologist, PC	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Da	ate 🔻	
	Primary General   Other (specify) ▼		1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		<b>k</b>	1600.00
┝			····· •	
	TOTAL This Period (last page this line number	ər only)	····· •	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 16 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and Stat or for commercial purposes, other than using the n	tements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Lee Wayne Garrett, Dr.		Date of Receipt
	Mailing Address 96 Museum Way		07 23 Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.41567
	San Francisco	CA 94114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1250.00
	Name of Employer Doctors Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General   Other (specify) ▼	1250.00	
В.	Full Name (Last, First, Middle Initial) S. Thomas Haas, Dr.		Date of Receipt
	Mailing Address Department of Pathology 1000 Mineral Point Ave		M · M     /     D · D     /     Y · Y · Y · Y     Y       07     18     2011     1
	City	State Zip Code	Transaction ID: SA11AI.41571
	Janesville	WI 53548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Mercy Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	250.00	
	Full Norse (Lost First Middle Initial)		·
C.	Full Name (Last, First, Middle Initial) Kenneth George Haines, Dr.		Date of Receipt
	Mailing Address Surgical Path 20 York St # EP2-611		M     M     /     D     D     /     Y
	City	State Zip Code	Transaction ID: SA11AI.41573
	New Haven FEC ID number of contributing	CT 06510-1199	Amount of Each Receipt this Period
	federal political committee.		250.00
	Name of Employer Yale Univ School of Med	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General   Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)		1550.00
	TOTAL This Period (last page this line number or	-	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 16 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	⊥ ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) T Steven Hayne, Dr.	Date of Receipt		
	Mailing Address 197 Interstate Dr			M     M     /     D     D     /     Y
	City	State	Zip Code	Transaction ID: SA11AI.41575
	Richland	MS	39218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer RenaLab	Occupation Patholog		-
	Receipt For:		e Year-to-Date V	_
	Primary General			1
	Other (specify)		300.00	
в.	Full Name (Last, First, Middle Initial) S. Joseph Heard, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 2915 Missouri			M     M     /     D     D     /     Y
	City	State	Zip Code	Transaction ID: SA11AI.41576
	Shreveport	LA	71109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Delta Pathology Group, LLP	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General   Other (specify) ▼	0 0	500.00	]
C.	Full Name (Last, First, Middle Initial) Teresa Kathryn Knight, Dr.	1		Date of Receipt
•••	Mailing Address 208 S Goose Hill Rd			07 26 2011
	City	State	Zip Code	Transaction ID: SA11AI.41583
	Rocky Face	GA	30740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Unaffiliated	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1000.00	1
-	Other (specify)			
	SUBTOTAL of Receipts This Page (optional)			1800.00
	TOTAL This Period (last page this line number	r only)		

Mailing Address   Coliseum Tower Apt 2706     576 Ave Alterial B     City   State   Zip Code     San Juan   PR   00918-2239     FEC ID number of contributing federal political committee.   C   300.00     Name of Employer Centro Citopatologico del Caribe   Occupation Pathologist   300.00     Primary   General Other (specify) ▼   Aggregate Year-to-Date ▼   300.00     Full Name (Last, First, Middle Initial)   Full Name (Last, First, Middle Initial)   Augure State		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	chedule(s) ory of the	FOR LINE NUMBER: PAGE 10 / 16   (check only one) (11a) 11b) 11c) 12   13 14 15 16 17		
College of American Pathologists Political Action Committee     Full Name (Last. First. Middle Initial)     State 2pc Code     State 3pc Code     State 2pc Code     City     State 3pc Code     State 3pc Code     Catible     PEC ID number of contributing tederal political committee     City     State 2pc Code     Period Contributing tederal political committee     Catible     Pathologist     Pathologist     City     State 2pc Code     Catible     Pathologist     Pathologist     City     State 2pc Code     Primary     General     Oity 22400 Hesperian Blvd     City     State 2ip Code     Pathologist     Receipt For:     Pathologist		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.					
A.   Etuid topez-Velez   Date of Receipt     Mailing Address   Colliseum Tower Apt 2706   0.7 1 8 1 2.0.1.1     City   State   Zip Code     Stan Juan   PB   00918-2239     FEC ID number of contributing tederal political committee.   C   300.00     Permo Citigatalogico del Caribo   Pathologist   Aggregate Year-to-Date ▼     Permo Citigatalogico del Caribo   Aggregate Year-to-Date ▼   Date of Receipt     Maing Address   Dept of Path   20.1.1     27400 Hesperian Bivd   C   300.00     State   Zip Code   Amount of Each Receipt this Period     Maing Address   Dept of Path   20.1.1     27400 Hesperian Bivd   C   300.00     City   State   Zip Code     Hawward   CA   94545-4225     FEC ID number of contributing tederal political committies   C   250.00     Name of Employer   Aggregate Year-to-Date ▼   Amount of Each Receipt this Period     Receipt For:   Primary General   Aggregate Year-to-Date ▼   Amount of Each Receipt this Period     Pathologist   Aggregate Year-to-Date ▼   250.00   250.00			tical Action Committee				
S76 Ave Atterial B   201.1     City   State   Zip Code     San Juan   PR   00918-2239     FEC ID number of contributing   C   Amount of Each Receipt this Period     Centro Citopatiogico del Cartibe   Occupation   Aggregate Year-to-Date     Receipt for:   Option of contributing   Option of control     B.   Maingong Lu   Aggregate Year-to-Date   Option of control     City   State   Zip Code   Transaction ID: SA11AL41585     Aggregate Year-to-Date   Image: Control of control   Image: Control of control   Image: Control of Control     City   State   Zip Code   Transaction ID: SA11AL41587     Amount of Each Receipt Impion   Control   Image: Control   Image: Control     City   State   Zip Code   Transaction ID: SA11AL41587     Amount of Each Receipt Impion   Control   Image: Control   Image: Control     Aggregate Year-to-Date   Image: Control   Control   Image: Control   Image: Control     Aggregate Year-to-Date   Image: Control   Image: Control   Image: Control   Image: Control   Image: Control     Aggregate Year-to-Date	∠ A.				Date of Receipt		
City   State   Zip Code   Transaction ID: SA11AI.41585     San Juan   PR   00918-2239   Amount of Each Receipt this Period     FEC: D number of contributing rederal political committee.   C   300.00     Name of Employer Centro Citipationgics odel Carible   Pathologist   Agregate Year-to-Date ▼     City   State   Zip Code   Date of Receipt     Carible   Primary   General   Occupation     Other (specify) ▼   300.00   Date of Receipt     City   State   Zip Code   Transaction ID: SA11AI.41587     Agregate Year-to-Date   ▼   One   Date of Receipt     City   State   Zip Code   Transaction ID: SA11AI.41587     Amount of Each Receipt Inic Period   C   Image: Carible Committee   Date of Receipt     Receipt For:   Occupation   Primary   General   Occupation     Name of Employer   Aggregate Year-to-Date   ▼   Image of Receipt     City   State   Zip Code   Transaction ID: SA11AI.41588     Amount of Each Receipt Inic Period   Primary   Image of Receipt   Image of Receipt     City   State <td></td> <td></td> <td>2706</td> <td></td> <td></td>			2706				
FEC ID number of contributing federal political committee.   C   300.00     Name of Employer Centro City Colpatibility of Centro City Colpatibility of Other (specify) of Difference of contributing federal political committee.   Aggregate Year-to-Date view Centro City State   Date of Receipt 0 7 / 0 5 8 / 2 0 1 1     3.   Full Name (Last, First, Middle Initial) Xiangoing Lu   Date of Receipt 0 7 / 0 5 8 / 2 0 1 1   Transaction ID: SA11Al.41587 Amount of Each Receipt this Period     City   State   Zp Code Carling Contributing federal political committee.   C   250.00     Name (Last, First, Middle Initial) Xiangoria Lu   Occupation Pathologist   Date of Receipt   Transaction ID: SA11Al.41587 Amount of Each Receipt this Period     FEC ID number of contributing federal political committee.   C   Occupation Pathologist   Date of Receipt     City   General Other (specify) v   General City   Occupation Pathologist   Date of Receipt     City   Saint Ave N   City   State   Zip Code   Transaction ID: SA11Al.41588 Amount of Each Receipt this Period     City   Saint Paul   MN   55102/2344   Fee City   Transaction ID: SA11Al.41588 Amount of Each Receipt this Period     PEC Dital committing federal political committing federal political committing official political committing   Occupation Pathologist   Patho		City					
federal political committee.   C   0ccupation     Aggregate Year-to-Date   Pathologist     Aggregate Year-to-Date   Aggregate Year-to-Date     Primary   General     Other (specify)   Occupation     Aggregate Year-to-Date   Image: Specific Spec			PR 00918-2239		Amount of Each Receipt this Period		
Centro Citopatologico del Carbo   Pathologist     Aggregate Year-to-Date   ✓     Becepit For:   300.00     Full Name (Last, First, Middle Initial)   300.00     Xiangping Lu   Date of Receipt     Mailing Address   Dept of Path 27400 Hesperian Blvd   Date of Receipt     City   State   Zip Code     Hayward   CA   94545-4235     FEC ID number of contributing federal political committee.   C     Name of Employer Karer Permanene Medical Orber (specify) ▼   Occupation Pathologist   Aggregate Year-to-Date ▼     Receipt For:   Occupation Pathologist   Aggregate Year-to-Date ▼   Date of Receipt     Mailing Address   United Hosp Lab 333 Smith Ave N   State   Zip Code     City   State   Zip Code   Aggregate Year-to-Date   ✓     Mailing Address   United Hosp Lab 333 Smith Ave N   State   Zip Code   Aggregate Year-to-Date   ✓     City   State   Zip Code   Aggregate Year-to-Date   ✓   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   Ø   <			C		300.00		
Primary   General     Other (specify)   300.00     3.   Full Name (Last, First, Middle Initial)   300.00     3.   Mailing Address   Dept of Path     27400 Hesperian Blvd   Ch   94545-4235     City   State   Zip Code     Hayward   CA   94545-4235     FEC ID number of contributing   C   250.00     Primary   General   Occupation     Name of Employer   Aggregate Year-to-Date      Mailing Address   United Hosp Lab   333 Smith Ave N     City   State   Zip Code     Primary   General   Occupation     Pathologist   Aggregate Year-to-Date      City   State   Zip Code     Mailing Address   United Hosp Lab   333 Smith Ave N     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing   C   State   Zip Code     Name of Employer   Primary   General   Occupation   250.00     Name of Employer   Aggregate Year-to-Date </td <td></td> <td>Centro Citopatologico del</td> <td></td> <td></td> <td></td>		Centro Citopatologico del					
Other (specify) ▼   300.00     Full Name (Last, First, Middle Initial)   Zangping L     Mailing Address   Dept of Path 27400 Hesperian Blvd   Zip Code     City   State   Zip Code     Hayward   CA   94545-4235     FEC ID number of contributing federal political committee.   C     Name of Employer (Raiser Permanente Medical Cir (r)   Pathologist     Aggregate Year-to-Date   ▼     Other (specify) ▼   250.00     Date of Receipt   Date of Receipt     Name of Employer   Aggregate Year-to-Date   ▼     Primary   General   0   250.00     Other (specify) ▼   State   Zip Code   Xmount of Each Receipt     Mailing Address   United Hosp Lab   333 Smith Ave N   Zip Code     City   State   Zip Code   Xmount of Each Receipt in the Period     FEC ID number of contributing federal political committee.   C   Aggregate Year-to-Date   Xmount of Each Receipt in the Period     City   State   Zip Code   Xmount of Each Receipt in the Period   Zip Code     Name of Employer   Aggregate Year-to-Date   Ymege Flanbology Associates   Aggre		Receipt For:	Aggregate Year-to-Date ▼				
3.   Xiangping Lu   Date of Receipt     Mailing Address   Dept of Path   2011     City   State   Zip Code     Hayward   CA   94545-4235     FEC ID number of contributing federal political committee.   C   Amount of Each Receipt this Period     Name of Employer Receipt For:   Occupation   Pathologist   Aggregate Year-to-Date ▼     Primary   General   Other (specify) ▼   Date of Receipt     City   State   Zip Code   Transaction ID: SA11AL.41587     Aggregate Year-to-Date   ▼   250.00   Pathologist     Receipt For:   Aggregate Year-to-Date   ▼   Date of Receipt     Mailing Address   United Hosp Lab   Date of Receipt   0 1 1 2 0 1 1     Saint Paul   MN   55102-2344   Transaction ID: SA11AL.41588     Amount of Each Receipt this Period   250.00   250.00   250.00     Name of Employer   Occupation   250.00   1 2 0 1 1   Transaction ID: SA11AL.41588     Amount of Each Receipt for:   Aggregate Year-to-Date ▼   250.00   250.00   250.00     Name of Employer   Aggregate Year-to-Date ▼   250				300.00			
27400 Hesperian Blvd   0.7   1.8   2.0.1.1     City   State   Zip Code   Transaction ID: SA11AL:41587     Hayward   CA   94545-4235   Amount of Each Receipt this Period     FEC ID number of contributing rederal political committee.   C   250.00     Name of Employer Kaiser Permanente Medical Cit   Occupation Pathologist   Aggregate Year-to-Date ▼     Primary   General   Occupation   250.00     Other (specify) ▼   250.00   Date of Receipt     Mailing Address   United Hosp Lab   333 Smith Ave N     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing rederal political committee.   C     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing rederal political committee.   C   250.00     Name of Employer   Occupation   Pathologist     Receipt For:   Aggregate Year-to-Date ▼   250.00     Primary   General   250.00   250.00	– B.				Date of Receipt		
Hayward   CA   94545-4235   Amount of Each Receipt this Period     FEC ID number of contributing federal political committee.   C   44545-4235   Amount of Each Receipt this Period     Name of Employer Maiser Permanente Medical Citr   Occupation Pathologist   Occupation Pathologist   Date of Receipt     Clust, First, Middle Initial) City   Aggregate Year-to-Date ▼   Date of Receipt     Mailing Address   United Hosp Lab 333 Smith Ave N   Date of Receipt     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing federal political committee.   C     Name of Employer Hosp Pathology Associates   Occupation Pathologist   Aggregate Year-to-Date ▼     Name of Employer Hosp Pathology Associates   Occupation Pathologist   250.00     Name of Employer Hosp Pathology Associates   Aggregate Year-to-Date ▼   250.00		27400 Hesperian Blvc			07 18 2011		
FEC ID number of contributing federal political committee.   C   250.00     Name of Employer Kaiser Permanente Medical Ctr Perimary General Other (specify) ▼   Occupation Pathologist   Description Pathologist     Clip   Saint Paul   Agregate Year-to-Date 333 Smith Ave N   Date of Receipt     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing federal political committee.   C     Name of Employer Hosp Pathologist   Occupation Pathologist   MN     Receipt For:   Occupation Pathologist   Aggregate Year-to-Date ▼     Primary   General 0ther (specify) ▼   Occupation Pathologist   Pathologist     Receipt For:   Aggregate Year-to-Date ▼   250.00   250.00				-			
Kaiser Permanénte Medical   Pathologist     Citr   Aggregate Year-to-Date   ✓     Primary   General   250.00     Other (specify) ▼   250.00   Date of Receipt     Lynn Lisa Lyons, Dr.   Date of Receipt   0 7 1 1 2 0 1 1     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing federal political committee.   C     Name of Employer   Occupation     Pathologist   Aggregate Year-to-Date     Receipt For:   Occupation     Primary   General     Other (specify) ▼   Aggregate Year-to-Date		FEC ID number of contributing					
Receipt For:   Aggregate Year-to-Date ▼     Primary   General     Other (specify) ▼   250.00     Full Name (Last, First, Middle Initial)   Date of Receipt     Lynn Lisa Lyons, Dr.   Date of Receipt     Mailing Address   United Hosp Lab     333 Smith Ave N   City     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing federal political committee.   C   250.00     Name of Employer   Occupation   250.00     Hosp Pathology Associates   Pathologist   Aggregate Year-to-Date ▼     Primary   General   Other (specify) ▼   250.00		Kaiser Permanente Medical					
Other (specify) ▼   250.00     Full Name (Last, First, Middle Initial) Lynn Lisa Lyons, Dr.   Date of Receipt     Mailing Address   United Hosp Lab 333 Smith Ave N   Date of Receipt     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing federal political committee.   C   Amount of Each Receipt this Period     Name of Employer Hosp Pathology Associates   Occupation Pathologist   Aggregate Year-to-Date   ▼     Primary   General   250.00   250.00   0		Receipt For:	Aggregate Year-to-Date V				
C.   Lynn Lisa Lyons, Dr.     Mailing Address   United Hosp Lab     333 Smith Ave N   0 7     City   State   Zip Code     Saint Paul   MN   55102-2344     FEC ID number of contributing federal political committee.   C   250.00     Name of Employer Hosp Pathologist   Occupation Pathologist   Aggregate Year-to-Date ▼     Primary   General   250.00   250.00				250.00			
333 Smith Ave N 07 11 2011   City State Zip Code   Saint Paul MN 55102-2344   FEC ID number of contributing federal political committee. C   Name of Employer Hosp Pathology Associates Occupation Pathologist   Receipt For: Aggregate Year-to-Date   Primary General Other (specify) ▼			1		Date of Receipt		
Saint Paul   MN   55102-2344   Amount of Each Receipt this Period     FEC ID number of contributing federal political committee.   C   250.00     Name of Employer Hosp Pathology Associates   Occupation Pathologist   250.00     Receipt For:   Aggregate Year-to-Date ▼   250.00     Primary   General   250.00     Other (specify) ▼   250.00   800.00		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			07 11 2011		
FEC ID number of contributing federal political committee.   C   250.00     Name of Employer Hosp Pathology Associates   Occupation Pathologist   250.00     Receipt For:   Aggregate Year-to-Date ▼   250.00     Primary   General   250.00   800.00		-		-			
Name of Employer Hosp Pathology Associates   Occupation Pathologist     Receipt For: Primary   Aggregate Year-to-Date ▼     Other (specify) ▼   250.00		FEC ID number of contributing					
Receipt For: Aggregate Year-to-Date ▼   Primary General   Other (specify) ▼ 250.00		·					
Primary General Other (specify) ▼ 250.00		Receipt For:					
SUBTOTAL of Receipts This Page (optional)		Primary General		250.00			
	Γ	SURTOTAL of Respirits This Page (apticabl)			800.00		
TOTAL This Period (last page this line number only)	F						

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 16 (check only one)		
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12		
			Detailed Summary Page			
	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 Politic	tical Action	Committee			
A.	Full Name (Last, First, Middle Initial) T Ann Moriarty, Dr.	Date of Receipt				
	Mailing Address 3643 Delaware Comm	ons S Dr		M     M     /     D     D     /     Y		
	City	State	Zip Code	Transaction ID: SA11AI.41592		
	<u>Indianapolis</u>	IN	46220-3743	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer AmeriPath Indiana	Occupation Patholog				
	Receipt For:	1 1	e Year-to-Date V	1		
	Primary General		500.00	1		
_	Other (specify)	0 0	500.00			
B.	Full Name (Last, First, Middle Initial) Mick Raich			Date of Receipt		
	Mailing Address 111 Giles Ave Apt C			M M / D D / Y Y Y Y 07 18 2011		
	City	State	Zip Code	Transaction ID: SA11AI.41600		
	Blissfield	MI	49228-1290	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		210.00		
	Name of Employer Vachette Pathology	Occupatio unknowr				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	1050.00	]		
- C.	Full Name (Last, First, Middle Initial) M. Marion Rundell, Dr.	<u>I</u>		Date of Receipt		
0.	Mailing Address Path PO Box 58744			07 18 2011		
	City	State	Zip Code	Transaction ID: SA11AI.41602		
	Houston	ТХ	77258	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		142.86		
	Name of Employer Clear Lake Pathology Part-	Occupatio				
	ners LTD	Patholog				
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	-		
	Other (specify)	0 0	285.72	1		
ſ	SUBTOTAL of Receipts This Page (optional)		·····	452.86		
F	TOTAL This Period (last page this line number					
L						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 12/16       (check only one)
[	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any person	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli		
A.	Full Name (Last, First, Middle Initial) J Alan Shienbaum, Dr.	Date of Receipt	
	Mailing Address Kennedy University Ho Path Dept	M M / D D / Y Y Y Y 07 29 2011	
	City Cherry Hill	State Zip Code NJ 08002-2048	Transaction ID: SA11AI.41606 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer UMDNJ - Univ of Med & Dent of NJ	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) J Paul Simon, Dr. Mailing Address 99 Route 37 W	1	Date of Receipt
	City	State Zip Code	0 7 1 1 2 0 1 1 Transaction ID: SA11AI.41608
	Toms River	NJ 08755-6423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Cmnty Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) M Thomas Sodeman, Dr.		Date of Receipt
	Mailing Address Path Dept Bldg R-5 1120 NW 14th St Ste		M     M     /     D     D     Y
	City Miami	State Zip Code FL 33136-2107	Transaction ID: SA11AI.41612 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Univ of Miami	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 16     (check only one)
	or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
	College of American Pathologists Po	plitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Lawrence Tsao		Date of Receipt
	Mailing Address 1 Malcolm Ave		07 26 Y Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.41614
	Teterboro	NJ 07608-1011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Quest Diagnostics, Inc	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
- В.	Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.		Date of Receipt
	Mailing Address 2201 Carbon Hill Dr		07 / 18 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.41615
	Midlothian FEC ID number of contributing federal political committee.	VA 23113-2516	Amount of Each Receipt this Period
	Name of Employer Commonwealth Lab Consulta- nts	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date V	
	Primary General   Other (specify) ▼	625.00	
- C.	Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.		Date of Receipt
	Mailing Address 3445 Executive Ctr I	Dr	M M / D D / Y Y Y Y 07 18 2011
	City	State Zip Code	Transaction ID: SA11AI.41616
	Austin	TX 78731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Clinical Path Associates	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		575.00
ŀ	TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14 / 16     (check only one)   11a     X   11a   11b   11c   12     13   14   15   16   17	
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions	
College of American Pathologists	Political Action Committee		
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.			
Mailing Address 3445 Executive C	tr Dr	07 / <sup>D</sup> D / <u>Y Y Y Y</u> 2011	
City	State Zip Code	Transaction ID: SA11AI.41617	
Austin	TX 78731	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	2500.00	
Name of Employer Clinical Path Associates	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date		
Primary General   Other (specify) ▼	4000.00		
Full Name (Last, First, Middle Initial) B. Robert Wells, Dr.		Date of Receipt	
Mailing Address 1726 S Beckham		M     M     /     D     D     /     Y	
City	State Zip Code	Transaction ID: SA11AI.41621	
Tyler	TX 75701-5701	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	300.00	
Name of Employer Pathology Associates of Tyler	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date		
Primary General   Other (specify) ▼	300.00		
Full Name (Last, First, Middle Initial) Allen William Wesche, Dr.		Date of Receipt	
Mailing Address Dept of Pathology 2915 Missouri Ave		07 / 15 / Y Y Y Y 011 / 2011	
City	State Zip Code	Transaction ID: SA11AI.41622	
Shreveport	LA 71109	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		800.00	
Name of Employer The Delta Pathology Group, LLC	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date		
Other (specify) ▼	800.00		
SUBTOTAL of Receipts This Page (option	nal)	3600.00	
	mber only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 15 / 16       (check only one)     X       X     11a     11b     11c     12       13     14     15     16     17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Politi	ical Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) L Rebekah Wold, Dr.			Date of Receipt
	Mailing Address 183 E 8th Ave			07 / <sup>D</sup> D / <u>Y Y Y Y</u> 2011
	City	State	Zip Code	Transaction ID: SA11AI.41627
	Chico	CA	95926-2341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pathology Sciences Med Gr- oup	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	►	13227.86

9	SCHEDULE B (FEC Form 3X)		FORLINE	NUMBER: PAGE 16/16
	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	Any Information copied from such Reports and Sta			
	or for commercial purposes, other than using the r	name and address of any political	committee to so	licit contributions from such committee
	NAME OF COMMITTEE (In Full) College of American Pathologists Politi	cal Action Committee		
-	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.41628
Α.	Sun Trust Bank			Date of Disbursement
	Mailing Address P.O. Box 85024			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
	Purpose of Disbursement Suntrust Moneris ACH Disount			15.00
	Candidate Name		Category/ Type	
	Office Sought: House Disb Senate President	ursement For: Primary General Other (specify)		
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.41629 Date of Disbursement
	Mailing Address P.O. Box 85024			$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{bmatrix}$
	City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
	Purpose of Disbursement Suntrust Acct Analysis Fee			62.50
	Candidate Name		Category/ Type	
	Office Sought: House Disb Senate President	ursement For: Primary General Other (specify) ▼		
	State: District:			

TOTAL This Period (last page this line number only)	►	77.50
SUBTOTAL of Disbursements This Page (optional)	•	77.50

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FEC Schedule B ( Form 3X) (Revised 02/2003)