



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
College of American Pathologists Political Action Committee

Report Covering the Period: From: 

M M	D D	Y Y Y Y
0 2	0 1	2 0 1 1

 To: 

M M	D D	Y Y Y Y
0 2	2 8	2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 1 1</td></tr></table>	Y Y Y Y	2 0 1 1		388632.97
Y Y Y Y				
2 0 1 1				
(b) Cash on Hand at Beginning of Reporting Period .....	405246.47			
(c) Total Receipts (from Line 19) .....	11325.00	49016.00		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	416571.47	437648.97		
7. Total Disbursements (from Line 31) .....	82065.50	103143.00		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	334505.97	334505.97		
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) .....	7700.00	38150.00
(ii) Unitemized .....	3625.00	11516.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11325.00	49666.00
(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) .....	11325.00	49666.00
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	-650.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11325.00	49016.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11325.00	49016.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	65.50	143.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.50	143.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82000.00	102718.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	282.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	82065.50	103143.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82065.50	103143.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	11325.00	49666.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11325.00	49666.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.50	143.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.50	143.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
R. Richard Anderson, Dr.

Mailing Address Department of Pathology  
801 S Washington St

City Naperville State IL Zip Code 60566-7060

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

Name of Employer Edward Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 07 / 2011

Transaction ID: SA11AI.40303

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Jon Davison, Dr.

Mailing Address Dept of Path  
200 Lothrop St A-6103

City Pittsburgh State PA Zip Code 15213-2582

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

Name of Employer UPMC Presbyterian Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
02 / 15 / 2011

Transaction ID: SA11AI.40341

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
A Matthew Dress, Dr.

Mailing Address 7550 Wolf River Blvd Ste 200

City Germantown State TN Zip Code 38138-1778

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

Name of Employer Trumbull Laboratories, LLC Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 25 / 2011

Transaction ID: SA11AI.40336

Amount of Each Receipt this Period 250.00

**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: PAGE 7 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
R. Janet Durham, Dr.

Mailing Address Department of Pathology  
8901 W Lincoln Ave

City State Zip Code  
West Allis WI 53227

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
West Allis Memorial Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 21 / 2011

Transaction ID: SA11AI.40289

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
A Gary Gochman, Dr.

Mailing Address Lab  
9333 E Imperial Hwy

City State Zip Code  
Downey CA 90242-2812

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kaiser Downey Medical Center Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 17 / 2011

Transaction ID: SA11AI.40310

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
H. M. Elizabeth Hammond, Dr.

Mailing Address 2180 S 1300 E Ste 505

City State Zip Code  
Salt Lake City UT 84106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Amirsys Inc Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
02 / 25 / 2011

Transaction ID: SA11AI.40293

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
E. Thomas Higgins, Dr.

Mailing Address Department of Pathology  
400 E Main St

City State Zip Code  
Mt Kisco NY 10549

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

Name of Employer Northern Westchester Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2011

Transaction ID: SA11AI.40319

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Neil Ernest Holburt, Dr.

Mailing Address Dept of Path  
25470 Medical Center Dr

City State Zip Code  
Murrieta CA 92562-4901

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

Name of Employer Med Lab Svcs Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2011

Transaction ID: SA11AI.40315

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jo Amy Owen, Dr.

Mailing Address 801 Virginia Pl

City State Zip Code  
Clinton MO 64735-3076

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

Name of Employer Golden Valley Mem Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2011

Transaction ID: SA11AI.40305

Amount of Each Receipt this Period  
250.00

**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: PAGE 9 / 15  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
A. James Robb, Dr.

Mailing Address 11613 Kensington Ct

City State Zip Code  
Boca Raton FL 33428-2415

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.40347

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
James Matthew Snyder, Dr.

Mailing Address Pathology Dept  
3000 New Bern Ave

City State Zip Code  
Raleigh NC 27610-1231

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

Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.40329

Amount of Each Receipt this Period  
1750.00

**C.** Full Name (Last, First, Middle Initial)  
D Louis Wright, Dr.

Mailing Address PO Box 998

City State Zip Code  
Charleston SC 29402

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

Name of Employer Pathology Services Associates LLC 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  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.40322

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7700.00



**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

**A.**

Full Name (Last, First, Middle Initial)  
**DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

**Transaction ID:** SB23.40353

Date of Disbursement

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

Mailing Address 120 MARYLAND AVENUE NE

Amount of Each Disbursement this Period

15000.00
----------

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2011  Primary  General  Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
**ERIC PAC**

**Transaction ID:** SB23.40354

Date of Disbursement

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

Mailing Address 209 Pennsylvania Ave. SE

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2011  Primary  General  Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
**Friends of Sherrod Brown**

**Transaction ID:** SB23.40355

Date of Disbursement

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

Mailing Address 426 C Street, NE

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Washingotn DC 20002

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

State: OH District:

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

21000.00
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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)

PAGE 12 / 15

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 Suite 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <input type="text"/></p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.40356</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 Suite 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <input type="text"/></p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.40357</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.40358</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="6000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

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

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

A.

Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.40359

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.40360

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City FREMONT State CA Zip Code 94537

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.40362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.40363</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)</p> <p>Mailing Address P. O. BOX 1011</p> <p>City WHEATON State IL Zip Code 60187</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.40365</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Roskam for Congress</p> <p>Mailing Address 423 W. Wesley Street</p> <p>City Wheaton State IL Zip Code 60189</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.40371</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

**8500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

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

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

**A. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 40385

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2011  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.40366

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

5000.00

Category/  
Type

**B. VOICE FOR FREEDOM PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 2814 Spring Road, Ste. 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2011  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.40367

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

10000.00

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

82000.00