Image# 12951969673				PAGE 1 / 20
FEC AN	PORT OF REND DISBURS	EMENTS		
1. NAME OF TYP	e or print V	Example: If typing, type		Jse Only
COMMITTEE (in full)		over the lines.	12FE4M5	
College of American Path	ologists Political Actio	n Committee		
ADDRESS (number and street)	350 I Street, NW			
Check if different	uite 590			
than previously v v reported. (ACC)	Vashington		DC 2000	95
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00274944	3. IS TH REPO		AMENDED (A))
(Choose One)	b) Monthly Report Due On: Mar 20 (Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20 (I	/4) Jul 20 (M7)) Oct 20 (M10)	Year Only)
April 15 Quarterly Report (Q1) July 15	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D D /	YYYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election on		Y I Y I Y I Y	in the State of
5. Covering Period	01 / Y Y Y Y 01 2012	through 05)12
I certify that I have examined this Re	eport and to the best of my	nowledge and belief it is	true, correct and comple	ete.
Type or Print Name of Treasurer	r. Renee R. Ellerbroek			
Signature of Treasurer	R. Ellerbroek	[Electronically Filed]	Date 06 / 14	
NOTE: Submission of false, erroneous,	or incomplete information may	v subject the person signing	this Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

06/14/2012 09 : 57

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or	Type	Committee	Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

R	eport Covering the Period: From: 05	01 2012 To	05 / D D / Y Y Y Y 05 31 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		478752.69
	(b) Cash on Hand at Beginning of Reporting Period	589737.09	
	(c) Total Receipts (from Line 19)	23285.00	258441.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	613022.09	737193.69
7.	Total Disbursements (from Line 31)	9604.40	133776.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	603417.69	603417.69
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

		TAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004)		Page 3
	ite or Type Committee Name ollege of American Pathologists Po	litical Action Committee	
Re	port Covering the Period: From: 05	/ D D / Y Y Y Y 01 2012 To:	05 / D D / Y Y Y Y 05 31 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	19735.00	194865.00
	(ii) Unitemized (iii) TOTAL (add	3550.00	63576.00
	Lines 11(a)(i) and (ii)	23285.00	258441.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23285.00	258441.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))►	23285.00	258441.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	23285.00	258441.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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	104.40	494.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	104.40	494.00
. Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees Independent Expenditures	9500.00	147000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00
Other Disbursements	0.00	-13718.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9604.40	133776.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	9604.40	133776.00
· · ·	7 7	7 7

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	23285.00	258441.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23285.00	258441.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	104.40	494.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	104.40	494.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)			(check only one)								
			for each category of the Detailed Summary Page		11a		11b	11c		r	47			
	y information copied from such Reports and S for commercial purposes, other than using the									ibutic				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	ts Politica	I Action Committee											
A.	Full Name (Last, First, Middle Initial) Dr. Garrett D Alcorn , MD				Date of	Re	ceipt							
	Mailing Address 16251 Sylvester Rd SW				м м 05	/	D D 21	/ Y	201		1			
	City Burien	State WA	Zip Code 98166-3017		Trans		on ID : S	SA11AI. eceipt th	46560					
	FEC ID number of contributing federal political committee.	С					,	7	Ę	500.0	0			
	Name of Employer Highline Med Ctr	Occupation Pathologist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
в.	Full Name (Last, First, Middle Initial) Othon Almanza,Sr				Date of	Re	ceipt							
	Mailing Address 1150 N 18th St Ste 102	01-1-1-	The Oak		м м 05	/	21	/ Y	2012					
	City Abilene	State TX	Zip Code 79601-2931					SA11AI.4 eceipt th		iod				
	FEC ID number of contributing federal political committee.	С					7			250.0	0			
	Name of Employer Clinical Pathology Associates	Occupation Pathologist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Victor M. Alvarez MD				Date of	Re	ceipt							
	Mailing Address 2045 S 14th Ave Unit 17				м м 05	/	29	/ Y	y 2012		7			
	City Yuma	State AZ	Zip Code 85364-6286				-	SA11AI. eceipt th						
	FEC ID number of contributing federal political committee.	С				0.	,			000.0	0			
	Name of Employer	Occupation												
	Yuma Reg Med Ctr Receipt For:	Pathologist	Year-to-Date ▼	_										
	Primary General Other (specify) V	Aggregate	1000.00											
s	UBTOTAL of Receipts This Page (optional)		•••••	•			7		17	250.00	0			
Т	OTAL This Period (last page this line number of	only)	•••••	•			,	,						

SCHEDULE A (FEC Form 3X)

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17			Use separate schedule(s)			(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	Г			
	ny information copied from such Reports and S for commercial purposes, other than using the									butio			
	NAME OF COMMITTEE (In Full)												
	College of American Pathologis	ts Politica	I Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Isaac Argyres MD				Date of	Re	ceipt						
	Mailing Address Dept of Pathology 10400 75th St				м м 05	/	29	/ Y	2012				
	City Kenosha	State WI	Zip Code 53142-7884	_				SA11AI. eceipt th		od			
	FEC ID number of contributing federal political committee.	С					7		5	00.0	0		
	Name of Employer Aurora Med Ctr-Kenosha	Occupation Pathologist											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]									
В.	Full Name (Last, First, Middle Initial) Dr. Alyson Miller Booth MD				Date of	Re	ceipt						
	Mailing Address 35 Michigan St				м м 05	/	18	/ Y	2012		1		
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.					
	Grand Rapids	MI	49503		Amount	t of	Each R	eceipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	С					7	7	10	00.00)		
	Name of Employer Spectrum Health Pathology	Occupation Pathologist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		, 1000.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Jeffrey D Cao MD				Date of	Re	ceipt						
	Mailing Address Dept of Path AH 301 11021 Campus St				м м 05	/	D D 15	/ Y	2012				
	City Loma Linda	State CA	Zip Code 92350	_				SA11AI. eceipt th		od			
	FEC ID number of contributing federal political committee.	С				. 01	,			60.0	0		
	Name of Employer	Occupation											
	Loma Linda Univ Med Ctr	Pathologist											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 620.00										
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SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	s Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. David K Carter MD Mailing Address Dept of Path 407 E 3rd St City Duluth FEC ID number of contributing federal political committee. Name of Employer St. Mary's/Duluth Clinic Health System Receipt For: Primary General Other (specify) ▼	State Zip Code MN 55805-1950 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Thomas J Cooper Jr., MD Mailing Address 5620 E El Parque St City Long Beach FEC ID number of contributing federal political committee. Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼	State Zip Code CA 90815-4129 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Justin H Ekuan MD Mailing Address 27700 Medical Center Rd City Mission Viejo FEC ID number of contributing federal political committee. Name of Employer Mission Hosp & Reg Med Ctr Receipt For: Primary General Other (specify) ▼	State Zip Code CA 92691-6474 C Occupation Pathologist 400.00	Date of Receipt 05 29 2012 Transaction ID : SA11AI.46584 Amount of Each Receipt this Period 400.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 9 OF

ITEMIZED RECEIPTS		Summary Page	X 11a	11b	11c	12							
			13	14	15	16	17						
Any information copied from such Reports or for commercial purposes, other than usi													
NAME OF COMMITTEE (In Full) College of American Pathol	ogists Political Action	Committee											
Full Name (Last, First, Middle Initial) A. Dr. Elbio Martin Flores MD			Date of	Date of Receipt									
Mailing Address Dept of Path <u>1 Ingalls Dr</u> City	State Zip Co IL 60426-			11 action ID : 9									
Harvey FEC ID number of contributing federal political committee.	C	-5550	Amount	of Each Re	eceipt thi	is Period 250	_						
Name of Employer Ingalls Mem Hosp Receipt For:	Occupation Pathologist		_										
Primary General Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 250.00]										
Full Name (Last, First, Middle Initial) B. Dr. Richard R. Gomez MD			Date of	Receipt									
Mailing Address Laboratory 1700 SW 7th St			05	/ D D 18	/ Y	у у 2012	Y						
City Topeka	State Zip Co KS 66606-			action ID : S	-								
FEC ID number of contributing federal political committee.	C			3	,	1000	.00						
Name of Employer St Francis Hlth Ctr	Occupation Pathologist												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	e ▼ 1000.00]										
Full Name (Last, First, Middle Initial) c. Dr. Andrew Jackson Goodwir	n IV, MD		Date of	Receipt									
Mailing Address 22 Bilodeau Ct			05	/ D D 29	/ Y	ү ү 2012	Y						
City Burlington	State Zip Co VT 05401-			action ID :									
FEC ID number of contributing federal political committee.	C			7		250	0.00						
Name of Employer	Occupation												
University of Vermont/Fletcher Allen	Pathologist												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	e ▼ 250.00]										
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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	jists Politica	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Phillip J Haberman MD Mailing Address 2301 House Ave Ste 108			Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.46597
Cheyenne	WY	82001-3177	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Anapath Diagnostics, Inc Receipt For:	Pathologist		
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial) B. Dr. David J. Huddleston MD			Date of Receipt
Mailing Address Dept of Path 1304 Franklin Ave			M M / D / Y
City	State	Zip Code	Transaction ID : SA11AI.46604
Normal	IL	61761-3558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Advocate Bromenn Medical Center	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dr. Jerry L Hudson MD			Date of Receipt
Mailing Address 7026 Edgewater Dr			05 18 2012
City Mandeville	State LA	Zip Code 70471-7415	Transaction ID : SA11AI.46606
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	I	
Slidell Mem Hosp	Pathologist		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
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		Detailed Summary Page		11a 13		11b		11c	12	17
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NAME OF COMMITTEE (In Full) College of American Pathologis							10 11	on Suci		
Full Name (Last, First, Middle Initial) A. Dennis Kasimian										
Mailing Address 15107 Vanowen St				м м 05	/		D 15	/ Y	ү ү 2012	Y
City Van Nuys	State CA	Zip Code 91405-4542						SA11AI.	46609 iis Perioo	4
FEC ID number of contributing federal political committee.	C			Anoun		1				0.00
Name of Employer Valley Presbyterian Hosp	Occupation Pathologist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]							
Full Name (Last, First, Middle Initial) B. Dr. Thomas R Kluzak MD Mailing Address 3219 W Keywest Ct				Date of	f Re	D	D	/ Y	Y Y	Y
City Wichita	State KS	Zip Code 67204-2364				ion I		SA11AI. eceipt th	2012 46613 iis Perioo	d
FEC ID number of contributing federal political committee.	C					,			250	0.00
Name of Employer Via Christi Reg Med Ctr	Occupation Pathologist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Initial) C. Dr. Gary K Ludwig MD				Date of	f Re	eceip	t			
Mailing Address 408 E Wisconsin Ave				м м 05	/	D	29	/ Y	2012	Y
City Neenah	State WI	Zip Code 54956-2965						SA11AI.	46618 iis Period	4
FEC ID number of contributing federal political committee.	С					1		,		0.00
Name of Employer	Occupation									
Theda Clark Med Ctr Receipt For:	Pathologist									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1							
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SCHEDULE A (FEC Form 3X) _ _ _ _

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck onl	y or	ne)				
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologist	s Politica	I Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr. Vivian M Mendoza MD Mailing Address 24451 Health Center Dr City Laguna Hills FEC ID number of contributing federal political committee. Name of Employer	State CA Occupation	Zip Code 92653-3689			/ sacti	21	SA11AI eceipt th	nis Per	2	0
	Saddleback Mem Med Ctr Receipt For: Primary General Other (specify) ▼	Pathologist	Year-to-Date ▼ 250.00								
В.	Full Name (Last, First, Middle Initial) DR JAMES r Miller MD Mailing Address 2916 S Brentwood Blvd				Date o		eceipt 21	/ Y	y 2012	Y Y	
	City Brentwood FEC ID number of contributing federal political committee.	State MO	Zip Code 63144-2714	_				SA11AI. eceipt th	nis Per	'iod 250.0	0
	Name of Employer Pathology Services Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate	Year-to-Date ▼ 250.00				,	,			
C.	Full Name (Last, First, Middle Initial) Dr. John C. Moad MD Mailing Address 7835 Paragon Rd City	State	Zip Code		Date o	/	21) / Y SA11AI	2012 46623	2	
	Dayton FEC ID number of contributing federal political committee.	ОН	45459-4021	-				eceipt th	nis Per		0
	Name of Employer Derm-Path Lab of Central States Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate	Year-to-Date ▼ 1000.00								
s	UBTOTAL of Receipts This Page (optional)		•				,		15	500.0	0
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			Detailed Summary		X 11a		11b 14	11c		12 16	17
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologis	ts Politica	al Action Comm	ittee							
Α.	Full Name (Last, First, Middle Initial) Dr. Marwan Aziz Nasir MD Mailing Address 9800 Pagewood Ln Apt 2705				Date	M /	eceipt 21	D / Y)12	Y
	City	State	Zip Code	_	Tra	nsact	tion ID :	SA11AI	4662	27	
	Houston	ТХ	77042-5531		Amou	nt of	Each F	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	2500.	00
	Name of Employer Tejas Pathology Associates	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2	500.00							
в.	Full Name (Last, First, Middle Initial) Schuyler Newman				Date	of Re	eceipt				
	Mailing Address 156 Route 59 Ste C6				05		04) 12	Y
	City Suffern	State NY	Zip Code 10901-5010	-				SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С					J		IIS F	250.0	00
	Name of Employer Emerge	Occupation Pathologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00							
с.	Full Name (Last, First, Middle Initial) Dr. Robert Norman Page MD				Date	of Re	eceipt				
	Mailing Address 7804 Kara Ln				M 05		15)12	Y
	City Knoxville	State TN	Zip Code 37919-9117					SA11AI Receipt th			
	FEC ID number of contributing federal political committee.	С			[7	7		1000.	.00
	Name of Employer	Occupation									
	Unaffiliated	Pathologist									
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1	000.00							
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\setminus	NAME OF COMMITTEE (In Full)												
	College of American Pathologis	ts Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr. Luke A Perkocha MD, MBA				Date o	f Re	eceipt						
	Mailing Address Dept of Pathology				M M	/	D	D /		Y Y	Y		
	Mailbox 1785 City	State	Zip Code	_	05		04 ion ID			2012			
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	UCSF Mount Zion Medical Center Clin	Pathologist											
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	Other (specify)		500.00										
в.	Full Name (Last, First, Middle Initial) Dr. Rafael R. Ramirez-Weiser MD				Date o	f Re	eceipt						
	Mailing Address 2400 Hook St				м м 05	/	18			2012	Y		
	City	State	Zip Code		Trans	acti	ion ID						
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	Name of Employer Unaffiliated	Occupation Pathologist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Karen Y. Reeves MD				Date o	f Re	eceipt						
	Mailing Address 4206 Golf Point Ct				м м 05	/	D 1{			y y 2012	Y		
	City	State	Zip Code		Trans	sact	ion ID	: SA11	AI.46	647			
	Tampa	FL	33618-8622	/	Amoun	t of	Each	Receip	t this	Period			
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\	College of American Pathologis	sts Politica	al Action Committee										
Fi	ull Name (Last, First, Middle Initial) Dr. Kris M. Shekitka MD			[Date o	f Re	eceipt						
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	ull Name (Last, First, Middle Initial) Mark Shertzer MD				Date o	f Re	eceipt						
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	ull Name (Last, First, Middle Initial) Dr. David Anthony Sibley MD				Date o	f Re	eceipt						
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в.	Full Name (Last, First, Middle Initial) Dr. Caroline G Steinetz MD					Date of	f Re	eceip	ot				
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с.	Full Name (Last, First, Middle Initial) Dr. Joseph T Wilson Jr., MD					Date of	f Re	eceip	ot				
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Α.	Full Name (Last, First, Middle Initial) Dr. Michael Le Woltman MD				Date of	Re	ecei	ipt						
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College of American Pathologists	Political Action Comr	nittee	
Full Name (Last, First, Middle Initial) A. BLUMENAUER FOR CONGRES	S		Date of Disbursement
Mailing Address 830 NE Holladay, #105			05 16 2012
City Portland	StateZip CodeOR97232		Transaction ID : SB23.46681
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B. BOB CASEY FOR SENATE INC			Date of Disbursement
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