

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
College of American Pathologists Political Action Committee

ADDRESS (number and street)
Suite 590
 Check if different than previously reported. (ACC) DC

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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 Only								FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		478752.69
(b) Cash on Hand at Beginning of Reporting Period.....	589737.09	
(c) Total Receipts (from Line 19)	23285.00	258441.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(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

DETAILED SUMMARY PAGE
of Receipts

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).....	19735.00	194865.00
(ii) Unitemized	3550.00	63576.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23285.00	258441.00
(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)	23285.00	258441.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23285.00	258441.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23285.00	258441.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	104.40	494.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104.40	494.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	147000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	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	-13718.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9604.40	133776.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9604.40	133776.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<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. Dr. Garrett D Alcorn , MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16251 Sylvester Rd SW
 City Burien State WA Zip Code 98166-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highline Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 21 / 2012**
Transaction ID : SA11AI.46560
 Amount of Each Receipt this Period **500.00**

B. Othon Almanza,Sr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1150 N 18th St Ste 102
 City Abilene State TX Zip Code 79601-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 21 / 2012**
Transaction ID : SA11AI.46561
 Amount of Each Receipt this Period **250.00**

C. Dr. Victor M. Alvarez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 S 14th Ave Unit 17
 City Yuma State AZ Zip Code 85364-6286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yuma Reg Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 29 / 2012**
Transaction ID : SA11AI.46563
 Amount of Each Receipt this Period **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: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Michael Isaac Argyres MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 10400 75th St
 City Kenosha State WI Zip Code 53142-7884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Med Ctr-Kenosha Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2012
Transaction ID : SA11AI.46567
 Amount of Each Receipt this Period
 500.00

B. Dr. Alyson Miller Booth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Michigan St
 City Grand Rapids State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spectrum Health Pathology Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11AI.46571
 Amount of Each Receipt this Period
 1000.00

C. Dr. Jeffrey D Cao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path AH 301
 11021 Campus St
 City Loma Linda State CA Zip Code 92350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Loma Linda Univ Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : SA11AI.46576
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	1560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. David K Carter MD		Date of Receipt MM / DD / YYYY 05 / 20 / 2012 Transaction ID : SA11AI.46578
Mailing Address Dept of Path 407 E 3rd St		Amount of Each Receipt this Period 250.00
City Duluth	State MN	
Zip Code 55805-1950		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer St. Mary's/Duluth Clinic Health System	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Cooper Jr., MD		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 Transaction ID : SA11AI.46582
Mailing Address 5620 E El Parque St		Amount of Each Receipt this Period 100.00
City Long Beach	State CA	
Zip Code 90815-4129		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Justin H Ekuon MD		Date of Receipt MM / DD / YYYY 05 / 29 / 2012 Transaction ID : SA11AI.46584
Mailing Address 27700 Medical Center Rd		Amount of Each Receipt this Period 400.00
City Mission Viejo	State CA	
Zip Code 92691-6474		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Mission Hosp & Reg Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Elbio Martin Flores MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1 Ingalls Dr
 City State Zip Code
 Harvey IL 60426-3558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ingalls Mem Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : SA11AI.46586
 Amount of Each Receipt this Period
 250.00

B. Dr. Richard R. Gomez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Laboratory
 1700 SW 7th St
 City State Zip Code
 Topeka KS 66606-2489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Francis Hlth Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11AI.46592
 Amount of Each Receipt this Period
 1000.00

C. Dr. Andrew Jackson Goodwin IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Bilodeau Ct
 City State Zip Code
 Burlington VT 05401-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Vermont/Fletcher Allen Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2012
Transaction ID : SA11AI.46594
 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: (check only one)	PAGE 10 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Phillip J Haberman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 House Ave Ste 108
 City Cheyenne State WY Zip Code 82001-3177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anapath Diagnostics, Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2012
Transaction ID : SA11AI.46597
 Amount of Each Receipt this Period
 1000.00

B. Dr. David J. Huddleston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1304 Franklin Ave
 City Normal State IL Zip Code 61761-3558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advocate Bromenn Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11AI.46604
 Amount of Each Receipt this Period
 500.00

C. Dr. Jerry L Hudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7026 Edgewater Dr
 City Mandeville State LA Zip Code 70471-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Slidell Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11AI.46606
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dennis Kasimian		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 Transaction ID : SA11AI.46609
Mailing Address 15107 Vanowen St		Amount of Each Receipt this Period 1000.00
City Van Nuys	State CA	Zip Code 91405-4542
FEC ID number of contributing federal political committee. C	Name of Employer Valley Presbyterian Hosp	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas R Kluzak MD		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 Transaction ID : SA11AI.46613
Mailing Address 3219 W Keywest Ct		Amount of Each Receipt this Period 250.00
City Wichita	State KS	Zip Code 67204-2364
FEC ID number of contributing federal political committee. C	Name of Employer Via Christi Reg Med Ctr	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary K Ludwig MD		Date of Receipt MM / DD / YYYY 05 / 29 / 2012 Transaction ID : SA11AI.46618
Mailing Address 408 E Wisconsin Ave		Amount of Each Receipt this Period 1000.00
City Neenah	State WI	Zip Code 54956-2965
FEC ID number of contributing federal political committee. C	Name of Employer Theda Clark Med Ctr	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Vivian M Mendoza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24451 Health Center Dr
 City Laguna Hills State CA Zip Code 92653-3689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saddleback Mem Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012
Transaction ID : SA11AI.46620
 Amount of Each Receipt this Period
250.00

B. DR JAMES r Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2916 S Brentwood Blvd
 City Brentwood State MO Zip Code 63144-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012
Transaction ID : SA11AI.46621
 Amount of Each Receipt this Period
250.00

C. Dr. John C. Moad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7835 Paragon Rd
 City Dayton State OH Zip Code 45459-4021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Derm-Path Lab of Central States Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2012
Transaction ID : SA11AI.46623
 Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Dr. Marwan Aziz Nasir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9800 Pagewood Ln Apt 2705
 City Houston State TX Zip Code 77042-5531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tejas Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 21 / 2012**
Transaction ID : SA11AI.46627
 Amount of Each Receipt this Period **2500.00**

B. Schuyler Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 156 Route 59 Ste C6
 City Suffern State NY Zip Code 10901-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerge Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 04 / 2012**
Transaction ID : SA11AI.46630
 Amount of Each Receipt this Period **250.00**

c. Dr. Robert Norman Page MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7804 Kara Ln
 City Knoxville State TN Zip Code 37919-9117
 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 **05 / 15 / 2012**
Transaction ID : SA11AI.46634
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Luke A Perkocha MD, MBA		Date of Receipt MM / DD / YYYY 05 / 04 / 2012 Transaction ID : SA11AI.46640
Mailing Address Dept of Pathology Mailbox 1785		Amount of Each Receipt this Period 500.00
City San Francisco	State Zip Code CA 94143-1785	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer UCSF Mount Zion Medical Center Clin	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Rafael R. Ramirez-Weiser MD		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 Transaction ID : SA11AI.46643
Mailing Address 2400 Hook St		Amount of Each Receipt this Period 500.00
City Clermont	State Zip Code FL 34711-3514	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Karen Y. Reeves MD		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 Transaction ID : SA11AI.46647
Mailing Address 4206 Golf Point Ct		Amount of Each Receipt this Period 250.00
City Tampa	State Zip Code FL 33618-8622	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Ruffolo, Hooper & Associates	Occupation Unaffiliated	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 15 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Kris M. Shekitka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 Gold Mine Rd
 City State Zip Code
 Brookeville MD 20833-2715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Agnes Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : SA11AI.46656
 Amount of Each Receipt this Period
 500.00

B. Mark Shertzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Harrington Lane
 City State Zip Code
 Dothan AL 36305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Laboratory Assoc. Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2012
Transaction ID : SA11AI.46657
 Amount of Each Receipt this Period
 500.00

C. Dr. David Anthony Sibley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept
 1725 West Market St
 City State Zip Code
 Johnson City TN 37604-6035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Watauga Pathology Assoc Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2012
Transaction ID : SA11AI.46659
 Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 16 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Matthew James Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Pathology Dept
 3000 New Bern Ave
 City Raleigh State NC Zip Code 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 **525.00**

Date of Receipt **05 / 15 / 2012**
Transaction ID : SA11AI.46664
 Amount of Each Receipt this Period **175.00**

B. Dr. Caroline G Steinetz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29880 Tamarack Trl
 City Westlake State OH Zip Code 44145-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parma Community General Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 21 / 2012**
Transaction ID : SA11AI.46666
 Amount of Each Receipt this Period **250.00**

C. Dr. Joseph T Wilson Jr., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 E Matthews Ave
 City Jonesboro State AR Zip Code 72401-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors' Anatomic Path Svcs, PA Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 18 / 2012**
Transaction ID : SA11AI.46674
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **675.00**
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 17 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael Le Woltman MD

Mailing Address 1911 1st Ave SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer Weland Clinical Lab PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11AI.46678

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	19735.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
SUNTRUST MONERIS ACH DISCOUNT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SB21B.46690

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
SUNTRUST ACCOUNT ANALYSIS FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SB21B.46691

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

104.40

104.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : SB23.46681

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BOB CASEY FOR SENATE INC

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City State Zip Code
PHILADELPHIA PA 19102

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : SB23.46682

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address P.O. BOX 335

City State Zip Code
CALHOUN GA 30703

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: GA District: 14

Disbursement For: 1000
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2012

Transaction ID : SB23.46684

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	2

Transaction ID : SB23.46686

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	2

Transaction ID : SB23.46687

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Pete Start Re-Election Committee

Mailing Address P.O. 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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	2

Transaction ID : SB23.46689

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

9	5	0	0	0	0	0	0	0	0