Image# 12972724690 PAGE 1 / 32

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIW 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FE4M5
College of American I	Pathologists Political	Action Committee	
ADDRESS (number and street)	1350 I Street, NW Suite 590		
Check if different than previously reported. (ACC)	Washington		DC 20005
2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY 🛦	STATE ▲ ZIP CODE ▲
C C00274944		IS THIS REPORT X (N)	
4. TYPE OF REPORT (Choose One)	Report Due On:		Aug 20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only) n 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election
(a) Quarterly Reports:			1 20 (M7) X Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report ((Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (October 15	Q2) PRE-Election Report for the:	Convention (12	2C) Special (12S)
Quarterly Report (January 31	Floor	on on	in the State of
Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period	09 01 2012	through	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	•	f my knowledge and be	lief it is true, correct and complete.
Type or Print Name of Treasur	er Dr. Renee R. Ellerbroek		
Signature of Treasurer Dr.	Renee R. Ellerbroek	[Electronically F	Filed] Date 10 18 2012
NOTE: Submission of false, erro	neous, or incomplete information	on may subject the perso	n signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 09 01 2012 To: 09 30 2012

COLUMN A COLUMN B

		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	544199.49					
	(c) Total Receipts (from Line 19)	32281.00	322757.00				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	576480.49	801509.69				
7.	Total Disbursements (from Line 31)	99592.40	324621.60				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	476888.09	476888.09				
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

(other than loans) From: als/Persons Other blitical Committees ized (use Schedule A) AL (add s 11(a)(i) and (ii)		26485.00 5796.00 32281.00 0.00	Calendar Year-to-Date 246370.00 76387.00 322757.00 0.00
emized		5796.00 32281.00 0.00	76387.00 322757.00 0.00
emized		5796.00 32281.00 0.00	76387.00 322757.00 0.00
Party Committees		5796.00 32281.00 0.00	76387.00 322757.00 0.00
AL (add s 11(a)(i) and (ii)		32281.00 0.00	322757.00
Party Committees Party Committees political Committees s PACs) ntributions (add Lines (b), and (c)) (Carry		0.00	0.00
olitical Committees s PACs) ontributions (add Lines , (b), and (c)) (Carry o Line 33, page 5)		7	
s PACs) intributions (add Lines (b), and (c)) (Carry Line 33, page 5)		0.00	0.00
ntributions (add Lines , (b), and (c)) (Carry b Line 33, page 5)		0.00	0.00
(b), and (c)) (Carry Line 33, page 5)			
Line 33, page 5)			
	7	32281.00	322757.00
om Affiliated/Other		0.00	0.00
-			
ceived		0.00	0.00
ments Received		0.00	0.00
	7		7
to Line 37, page 5)		0.00	0.00
Contributions Made		7	
andidates and Other			
mittees		0.00	0.00
al Receipts			
nterest, etc.)		0.00	0.00
m Non-Federal and Levin Funds			, , , , , , , , , , , , , , , , , , , ,
chedule H3)		0.00	0.00
		0.00	
nds (from Schedule H5)	-	0.00	0.00
nsfers (add 18(a) and 18(b))		0.00	0.00
	ments Received perating Expenditures ebates, etc.) to Line 37, page 5) Contributions Made andidates and Other mittees	ments Received perating Expenditures ebates, etc.) to Line 37, page 5) Contributions Made andidates and Other mittees	ments Received

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) A	ating Expenditures: Allocated Federal/Non-Federal		Outonadi Todi to Bato
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) i ederar Strate	7	
((ii) Non-Federal Share	0.00	0.00
(b) (Other Federal Operating		
	Expenditures	92.40	839.60
	Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	92.40	839.60
	sfers to Affiliated/Other Party	0.00	0.00
Contr	nitteesributions to	0.00	0.00
	ral Candidates/Committees Other Political Committees	99500.00	340000.00
Indep	pendent Expenditures		
(use	Schedule E)	0.00	0.00
. Coord (2 U.	dinated Party Expenditures S.C. §441a(d))		
(use	S.C. §441a(d)) Schedule F)	0.00	0.00
		0.00	0.00
Loan	Repayments Made	0.00	0.00
Loan	s Made	0.00	0.00
Refur	nds of Contributions To:		
	ndividuals/Persons Other Than Political Committees	0.00	0.00
(b) F	Political Party Committees	0.00	-2500.00
(c) (Other Political Committees		
((such as PACs)	0.00	0.00
(d) -	Total Contribution Refunds		
` '	(add Lines 28(a), (b), and (c))▶	0.00	-2500.00
'	(add 2.1105 25(a), (b), and (0),	7	7 7
. Other	Disbursements	0.00	-13718.00
	L.	7	7 7
Fede	ral Election Activity (2 U.S.C. §431(20))		
` '	Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
,	(ii) "Levin" Share	0.00	0.00
	Federal Election Activity Paid Entirely		
(6)	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
	_		
	Disbursements (add Lines 21(c), 22,		
23, 2	4, 25, 26, 27, 28(d), 29 and 30(c))	99592.40	324621.60
Total	Federal Disbursements		
	ract Line 21(a)(ii) and Line 30(a)(ii)		
	Line 31)	99592.40	324621.60
	,	7	

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	32281.00	322757.00
4. Total Contribution Refunds (from Line 28(d))	0.00	-2500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32281.00	325257.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	92.40	839.60
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	92.40	839.60

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

			PAGE		6	OF	32		
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		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 t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Philip A Branton MD		Date of Receipt
Mailing Address Office of Biorepositories & E 11400 Rockville Pike Ste 70 City	·	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bethesda	MD 20892-0001	Transaction ID : SA11AI.47029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer National Institute of Health	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Philip Brien MD Mailing Address Dept of Path Lab 2525 Desales Ave	State Zin Code	Date of Receipt 09 07 2012
City Chattanooga	State Zip Code TN 37404-1161	Transaction ID : SA11AI.47032 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Memorial Hosp-Chattanooga	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Hugo Jerry Broman Dr.		Date of Receipt
Mailing Address 1005 Byers Ave		09 05 2012
City Chambersburg	State Zip Code PA 17201-3817	Transaction ID : SA11AI.47218 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-365.00
Name of Employer	Occupation	Refund of 7-27-12 Contrib-CM 1820945
Chambersburg Hospital Receipt For:	Pathologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ -365.00	
SUBTOTAL of Receipts This Page (optional).		1010.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

32

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Fred M. Busse MD Date of Receipt Mailing Address 530 N Lafayette Blvd 2012 City Zip Code State Transaction ID: SA11AI.47033 South Bend IN 46601-1004 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation South Bend Medical Foundation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Alfred W Campbell MD Date of Receipt Mailing Address 319 Hidden Creek Circle 09 25 2012 City State Zip Code Transaction ID: SA11AI.47035 SC Spartanburg 29306 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Spartanburg Regional Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. James B Cash Sr MD Date of Receipt Mailing Address 2693 Forest Hills Rd SW Ste B 09 17 2012 City State Zip Code Transaction ID: SA11AI.47039 NC Wilson 27893-8611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Eastern Carolina Pathology Inc Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

				PAGE		8	OF		32	
(che	(check only one)									
X	11a		11b		11c		12	2		
	13		14		15		16	3		17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr Gary L Cooper MD		Date of Receipt
Mailing Address 501 20th St Ste G3		09 17 2012
City	State Zip Code	Transaction ID : SA11AI.47045
Knoxville	TN 37916-1890	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Innovative Pathology Services	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Thomas J Cooper Jr MD		Date of Receipt
Mailing Address 5620 E El Parque St		09 142012
City	State Zip Code	Transaction ID : SA11AI.47046
Long Beach	CA 90815-4129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
unaffiliated	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Paul S Dickman MD		Date of Receipt
Mailing Address Dept of Path /Lab		09 24 _ 2012 _
1919 E Thomas Rd City	State Zip Code	Transaction ID : SA11AI.47050
Phoenix	AZ 85016-7710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Phoenix Children's Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		2100.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

32

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Anthony M. Dombrowski MD Date of Receipt Mailing Address Section of Path 500 Remington Blvd 2012 City Zip Code State Transaction ID: SA11AI.47056 Bolingbrook IL 60440-4906 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Adventist Bolingbrook Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Guery Flores MD Date of Receipt Mailing Address 75 Colonia De Salud Ste 200D 09 12 2012 City State Zip Code Transaction ID: SA11AI.47062 ΑZ Sierra Vista 85635-2486 Amount of Each Receipt this Period FEC ID number of contributing 530.00 federal political committee. Name of Employer Occupation United Pathology Ltd Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 530.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Edward P Fody MD Date of Receipt Mailing Address Lab 09 12 2012 602 Michigan Ave City Zip Code State Transaction ID: SA11AI.47063 MI Holland 49423-4918 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Holland Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 1030.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

32

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Marla Jane Franks MD Date of Receipt Mailing Address 2694 Devin Ct SE 07 2012 City Zip Code State Transaction ID: SA11AI.47065 30080-8300 Smyrna GA Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Wellstar Cobb Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Robert Anthony Frazier Jr MD Date of Receipt Mailing Address 733 Boush St Ste 200 09 07 2012 City State Zip Code Transaction ID: SA11AI.47067 VA Norfolk 23510-1501 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation **Dominion Pathology Laboratories** Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. S. Robert Freedman MD Date of Receipt Mailing Address 815 Pollard Rd 09 12 2012 City Zip Code State Transaction ID: SA11AI.47069 CA Los Gatos 95032-1438 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation El Camino Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOR LINE	E NUMBER	: PAGE	E 11 OF	32				
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13	14	15	16	17				

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologic	sts Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Richard C. Friedberg MD,PhD Mailing Address Chairman Dept of Path		Date of Receipt
759 Chestnut St # C-1170		09 07 2012
City	State Zip Code	Transaction ID : SA11AI.47071
Springfield	MA 01199-1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Baystate Medical Center	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Alan F Frigy MD		Date of Receipt
Mailing Address Dept of Path 1800 E Lake Shore Dr	Chata Zin Code	09 24 2012
City	State Zip Code	Transaction ID : SA11AI.47072
Decatur	IL 62521-3810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer St Mary's Hospital	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Laura Jane Gardner MD		Date of Receipt
Mailing Address 417 Edgar Rd		09 07 2012
City Saint Louis	State Zip Code MO 63119-4237	Transaction ID : SA11AI.47073 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
St Anthony's Med Ctr	Pathologist	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

32

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Gary A Gochman MD Date of Receipt Mailing Address Lab 9333 E Imperial Hwy 2012 City Zip Code State Transaction ID: SA11AI.47074 CA Downey 90242-2812 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Kaiser Downey Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Patrick E. Godbey MD Date of Receipt Mailing Address 203 Indigo Dr 09 10 2012 City State Zip Code Transaction ID: SA11AI.47076 GA Brunswick 31525-6865 Amount of Each Receipt this Period FEC ID number of contributing 210.00 federal political committee. Name of Employer Occupation Southeastern Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael Jean Goldfischer MD Date of Receipt Mailing Address Path Dept 09 19 2012 30 Prospect Ave City Zip Code State Transaction ID: SA11AI.47077 NJ Hackensack 07601-1914 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation Hackensack Univ Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 660.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	•	13 OF	=	32
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,,		13		14		15		16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Sandra B Grear Mailing Address 325 Waukegan Rd		Date of Receipt
waming Address 325 Waukegan Ka		09 24 2012
City	State Zip Code	Transaction ID : SA11AI.47079
Northfield	IL 60093-2750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
College of American Pathologists	Employee	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Emily Ann Green MD		Date of Receipt
Mailing Address 3936 19th St		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	09 24 2012 Transaction ID : SA11AI.47080
San Francisco	CA 94114-2522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
David Grant Med Ctr	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Thomas S. Haas DO		Date of Receipt
Mailing Address Department of Pathology 1000 Mineral Point Ave	State 7:- On the	09 14 2012
City Janesville	State Zip Code WI 53548-2940	Transaction ID : SA11AI.47083
FEC ID number of contributing federal political committee.	C 33340 2340	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Mercy Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

32

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. William Valentine Harrer MD Date of Receipt Mailing Address 129 The Mews 2012 City Zip Code State Transaction ID: SA11AI.47085 Haddonfield NJ 08033-1344 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Our Lady of Lourdes Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Gene N Herbek MD Date of Receipt Mailing Address The Path Center 8303 Dodge St 09 05 2012 City State Zip Code Transaction ID: SA11AI.47090 NE Omaha 68114-4108 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Methodist Hospital Pathology Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Thomas E. Higgins MD Date of Receipt Mailing Address Department of Pathology 400 E Main St 09 07 2012 City Zip Code State Transaction ID: SA11AI.47093 NY Mount Kisco 10549-3417 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Northern Westchester Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

- 9

3750.00

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

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

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

32

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr William W Hinchey MD Date of Receipt Mailing Address 601 Canterbury Hill St 2012 City Zip Code State Transaction ID: SA11AI.47094 TX 78209-2817 San Antonio Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Christus Santa Rosa Westover Hills Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Cyenthia Louise Koehler MD Date of Receipt Mailing Address Lab Svc 18701 N 67th Ave 09 2012 11 City State Zip Code Transaction ID: SA11AI.47098 ΑZ Glendale 85308-7100 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Arrowhead Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Mark D Kolins MD Date of Receipt Mailing Address 3601 W 13 Mile Rd 09 07 2012 City Zip Code State Transaction ID: SA11AI.47100 MI Royal Oak 48073-6712 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Beaumont Health System Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

		PAGE	16 OF	32
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Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Keith A Krabill MD		Date of Receipt
Mailing Address Path - Laboratory Administration	on	M = M / D = D / Y = Y = Y = Y
Kaleida Health 100 High St City	State Zip Code	09 24 2012 Transaction ID : SA11AI.47104
Buffalo	NY 14203-1126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Buffalo General Hospital	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Alvin W. Martin MD		Date of Receipt
Mailing Address Cpa Laboratory		M = M / D = D / Y = Y = Y
2307 Greene Way City	State Zip Code	09 07 2012
Louisville	KY 40220-4009	Transaction ID : SA11AI.47113 Amount of Each Receipt this Period
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Norton Healthcare	Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Matthew Ray Plymyer MD		Date of Receipt
Mailing Address 506 Devonhall Ln		09 24 2012
City	State Zip Code	Transaction ID : SA11AI.47126
Cary	NC 27518-2658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
unaffiliated	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	>	2500.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Dennis D Reinke MD Date of Receipt Mailing Address 1107 Brooke Ave 2012 City Zip Code State Transaction ID: SA11AI.47129 76301-5608 Wichita Falls TX Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Pathology Associates Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. James Edward Richard DO Date of Receipt Mailing Address 2508 S Cedar St 09 24 2012 City State Zip Code Transaction ID: SA11AI.47130 MI Lansing 48910 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation CAP Lab-PLC Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Pamela B Robertson MD Date of Receipt Mailing Address Pathology 09 07 2012 2400 17th St City Zip Code State Transaction ID: SA11AI.47131 IN Columbus 47201-5351 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Columbus Regional Hosp Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 18 OF 32 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Peter A Scully MD Date of Receipt Mailing Address 4230 Burnham Ave Ste 250 2012 City Zip Code State Transaction ID: SA11AI.47135 NV Las Vegas 89119-5408 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Associated Pathologists Chartered Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Christine N Sillings MD Date of Receipt Mailing Address 3000 New Bern Ave 09 2012 17 City State Zip Code Transaction ID: SA11AI.47138 NC Raleigh 27610-1231 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Wake Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jeffrey B Smith MD Date of Receipt Mailing Address 1395 S Pinellas Ave 09 24 2012 City State Zip Code Transaction ID: SA11AI.47142 FL **Tarpon Springs** 34689-3790 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Helen Ellis Memorial Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal parame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	its Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Matthew James Snyder MD Mailing Address Pathology Dept		Date of Receipt
3000 New Bern Ave		09 14 2012
City	State Zip Code	Transaction ID : SA11AI.47143
Raleigh	NC 27610-1231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	
Raleigh Pathology Lab Assoc PA	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1225.00	
Full Name (Last, First, Middle Initial) Dr. James H Spigel MD		Date of Receipt
Mailing Address Dept of Path 1100 Central Ave SE	Chata 71. O. I	09 24 2012
City Albuquerque	State Zip Code NM 87106-4930	Transaction ID : SA11AI.47144
Albuquerque	NM 87106-4930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Presbyterian Hosp Womens Program Admin	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. David Toups Stewart Jr MD		Date of Receipt
Mailing Address 1899 Eider Ct		09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tallahassee	State Zip Code FL 32308-4537	Transaction ID : SA11AI.47149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
KWB Pathology Associates	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1375.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Mary Lynn Swearingen MD Date of Receipt Mailing Address 2333 McCallie Ave 2012 24 City Zip Code State Transaction ID: SA11AI.47150 TN Chattanooga 37404-3258 Amount of Each Receipt this Period FEC ID number of contributing C 110.00 federal political committee. Name of Employer Occupation Southern Pathology Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Devendra V Trivedi MD Date of Receipt Mailing Address Peoria-Tazewell Path Group 221 NE Glen Oak Ave 09 27 2012 City State Zip Code Transaction ID: SA11AI.47157 IL Peoria 61636-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Methodist Medical Center of Illinois Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Patricia G Wasserman MD Date of Receipt Mailing Address 12 Twilight Ct 09 10 2012 City Zip Code State Transaction ID: SA11AI.47166 NY Melville 11747-3223 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation unaffiliated Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 860.00 SUBTOTAL of Receipts This Page (optional)..... 26485.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 21 OF 3									
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(CITCON OIT	,								
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<u> </u>			28a								
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.											
NAME OF COMMITTEE (In Full)											
College of American Pathologists	Political Action Com	mittee									
Full Name (Last, First, Middle Initial)											
A. Sun Trust Bank			Date of Disbursement								
Mailing Address P.O. Box 85024			09 05 2012								
City	State Zip Code		Transaction ID : SB21B.47216								
Richmond	VA 23285		ITalisac								
Purpose of Disbursement Suntrust Moneris ACH Charge			Amount o	f Each Disbursement this Period							
Candidate Name		Category/ Type		41.90							
Office Sought: House Disburse	ment For:	1,700		, ,							
Senate	Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial)			Data of D								
B. Sun Trust Bank				isbursement							
Mailing Address P.O. Box 85024			09	21 2012							
City	State Zip Code		_								
Richmond	VA 23285		Iransac	etion ID : SB21B.47217							
Purpose of Disbursement Suntrust Account Analysis Fee			Amount o	f Each Disbursement this Period							
Candidate Name		Category/									
		Type		50.50							
	ment For:										
Senate	Primary General										
President State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
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City	State Zip Code										
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			Amount o	f Each Disbursement this Period							
Candidate Name		Category/ Type									
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Senate	Primary General										
President	Other (specify) ▼										
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SUBTOTAL of Disbursements This Page (optional).				92.40							
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F	ull Name (Last, First, Middle Initial)											
A . /	ANDY HARRIS FOR CONGRESS				Date of Disbursement							
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	ity S NNAPOLIS	State Zip (MD 2140			Transaction ID : SB23.47179							
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			General									
	President	Other (specify)	,									
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В. [BILL KEATING COMMITTEE; THE				Date of Disbursement							
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N	failing Address 209 PENNSYLVANIA AVE, SE				09 17 2012							
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S	tate: MA District: 10											
F	ull Name (Last, First, Middle Initial)											
C. E	BLUMENAUER FOR CONGRESS				Date of Disbursement							
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N	failing Address 830 NE Holladay, #105				09 26 2012							
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	urpose of Disbursement	9720										
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S	CHEDULE B (FEC Form 3X))B i	INE N	UMBER				PAGE	23	OF	32
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_	Full Name (Last, First, Middle Initial)													
Α.	BRIAN BILBRAY FOR CONGRES	S					Date o	f Dis	burse	ment				
	Mailing Address 970 SEACOAST DRIVE						09 26 2012							
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υ.	BUCSHON FOR CONGRESS										V	YYY	V	
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	Mailing Address 10004 WURZBACH ROAD #366						09		26	6	2	2012		
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1			category of the Summary Page			21b	22	X	23	24		25		26
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or	for commercial purposes, other than using the name	e and add	ress of any politi	cal cor	nmitt	ee to s	solicit co	ntribi	utions	from	such c	commi	tee.	
$ \setminus $	NAME OF COMMITTEE (In Full)	N . 1505 1	A											
/	College of American Pathologists F	olitical	Action Com	mitte	ee									
<u></u>	Full Name (Last, First, Middle Initial)													
A.	CATHY MCMORRIS RODGERS F	OR CO	NGRESS				Date o	f Dis	burse	ment				
							M M	/	D			YY	Υ	
	Mailing Address BOX 137						09		26	;	2	2012	_	
	City S	State	Zip Code											
	SPOKANE	WA	99210				Trans	sactio	on ID	: SB23	3.4718	5		
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	President	Other (spe												
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В.	DAVE CAMP FOR CONGRESS						Date o	f Dis	burse	ment				
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	Mailing Address 20 F STREET, NW SUITE 500						09		2	,		2012		
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C	Full Name (Last, First, Middle Initial) FRIENDS OF GARY DELONG						Date o	f Dis	burse	ment				
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	Mailing Address 5100 E ANAHEIM ROAD						09		26			2012		
	,	State CA	Zip Code 90815				Trans	sacti	on ID	: SB2	3.4718	8		
	Purpose of Disbursement	<u> </u>	90615											
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	:	PAGE 25 OF 3					
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\setminus	NAME OF COMMITTEE (In Full)											
	College of American Pathologists F	Political	Action Com	mittee								
_	Full Name (Last, First, Middle Initial)											
A.	FRIENDS OF JOHN BARROW					f Disburser						
	Mailing Address PO Box 1001				09	26						
	City	State	Zip Code		Transaction ID : SB23.47208							
	AUGUSTA	GA	30903		irans	action iD	: SB23.47208					
	Purpose of Disbursement			· · ·	Amoun	t of Each I	Disbursement this Period					
	Candidate Name			Category/	-							
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		nent For:	2012									
	Senate	Primary	General									
	State: GA District: 12	Other (spe	ecity) 🔻									
_	Full Name (Last, First, Middle Initial)											
В.	FRIENDS OF LOIS CAPPS				Date o	f Disburser	ment					
	TRIENDO OF LOID OAFTO				M M	/ D						
	Mailing Address PO Box 23940				09	26						
		State CA	Zip Code		Trans	saction ID	: SB23.47189					
	Santa Barbara Purpose of Disbursement	CA	93121									
					Amoun	t of Each I	Disbursement this Period					
	Candidate Name			Category/			4000.00					
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	State: CA District: 23	Other (spe	Colly) \									
_	Full Name (Last, First, Middle Initial)											
C.	FRIENDS OF MAX BAUCUS				Date of	f Disburser	ment					
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	Mailing Address P.O. BOX 586				09	26	2012					
	City	State	Zip Code									
	HELENA	MT	59624		Trans	saction ID	: SB23.47210					
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B. JOHNSON FOR CONGRESS			Date of Disbursement						
Mailing Address P.O. BOX 14496			09 26 2012						
POLAND	State Zip Code OH 44514		Transaction ID : SB23.47223						
Purpose of Disbursement			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	1000.00]					
Senate	nent For: 2012 Primary General Other (specify)								
Full Name (Last, First, Middle Initial) C. JON RUNYAN FOR CONGRESS,	INC		Date of Disbursement						
			M M / D D / Y Y Y Y Y						
Mailing Address PO BOX 225			09 26 2012						
,	State Zip Code		Transaction ID : SB23.47194						
COLONIA Purpose of Disbursement	NJ 07067								
Tarpose of Bisbarsement			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	2500.00	1					
Senate	nent For: 2012 Primary ∑ General Other (specify) ▼		, ,						
SUBTOTAL of Disbursements This Page (optional)			8500.00	ī					
				1					
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC FORM 3X)	CHEDULE B (FEC Form 3X) FOR LINE NUMBER:		NUMBER: PAGE 28 OF 32		
ITEMIZED DISBURSEMENTS	Use separate schedul for each category of t Detailed Summary Pa	le(s) (check only			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) College of American Pathologists P	Political Action Co	ommittee			
/					
Full Name (Last, First, Middle Initial) **EVIN MCCARTHY FOR CONGRI	ESS		Date of Disbursement		
Mailing Address PO BOX 12667			09 26 2012		
BAKERSFIELD	State Zip Code CA 93389		Transaction ID : SB23.47206		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name Office Sought:	nent For: 2012	Category/ Type	2500.00		
Senate President	Primary ∑ Gener Other (specify) ▼	ral			
State: CA District: 22 Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE			Date of Disbursement		
SUITE 200	Mailing Address 205 5TH AVENUE, SOUTH SUITE 200				
,	State Zip Code WI 54601		Transaction ID : SB23.47196		
Candidate Name		Category/	Amount of Each Disbursement this Period 5000.00		
Senate	nent For: 2012 Primary	Type ral			
Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. BOX 1530			09 26 2012		
•	State Zip Code NC 27209		Transaction ID : SB23.47197		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1000.00		
		Туре			
Senate	nent For: 2012 Primary	ral			

SCHEDULE B (FEC Form 3X)	Llea canarata echadula(s)	FOR LINE NUMBER: PAGE 29 OF 32			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	he 21h 22 V 23 24		4 25 26	
	Detailed Summary Page	27		8c 29 30b	
Any information copied from such Reports and State					
or for commercial purposes, other than using the na	me and address of any political	al committee to	solicit contributions from	such committee.	
NAME OF COMMITTEE (In Full)	Dalida da Aada a Oasaa	. 10			
College of American Pathologists	Political Action Comp	nittee			
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. KLOBUCHAR FOR MINNESOTA	KLOBUCHAR FOR MINNESOTA 2012				
Mailing Address PO BOX 4146			09 26	2012	
Oit.	Otata Zin Oada				
City ST PAUL	State Zip Code MN 55104		Transaction ID : SB2	3.47199	
Purpose of Disbursement	00101				
			Amount of Each Disbu	rsement this Period	
Candidate Name		Category/		5000.00	
Office Sought: House Disburse	ment For: 2012	Туре		, , , , , , , , , , , , , , , , , , , ,	
Senate	Primary Seneral				
President	Other (specify) ▼				
State: MN District: 00					
Full Name (Last, First, Middle Initial)					
B. LYNN JENKINS FOR CONGRES	S		Date of Disbursement		
Mailing Address P.O. Box 1441			09 26	2012	
Mailing Address F.O. Box 1441			20	2012	
City	State Zip Code		Transaction ID : SB2	3.47200	
Topeka Purpose of Disbursement	KS 66601				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Amount of Each Disbu	rsement this Period	
Candidate Name		Category/		2500.00	
		Type	7	2500.00	
Office Sought: House Disburse Senate	ment For: 2012				
President	Primary				
State: KS District: 02	(apasiny) V				
Full Name (Last, First, Middle Initial)					
C. MADISON PAC; THE	C. MADISON PAC; THE				
Mailing Address 235 STATE STREET #206			09 27	2012	
Mailing Address 235 STATE STREET #200	09 21	2012			
City	State Zip Code		Transaction ID : SB2	3.47212	
SPRINGFIELD Purpose of Disbursement	MA 01103			•=.=	
Pulpose of Disbursement			Amount of Each Disbu	roomant this Pariod	
Candidate Name		Category/	Amount of Lacif Disbu		
		Type		5000.00	
	ment For: 2012				
Senate President	Primary				
State: District:	Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional).				12500.00	
TOTAL This Period (last page this line number only	y)	·····			

SCHEDULE B (FEC Form 3X)				FOR LINE	FOR LINE NUMBER: PAGE 30 OF 32				
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			Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	26 30b
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
abla	NAME OF COMMITTEE (In Full)								
$ \rangle$	College of American Pathologists F	Political	Action Com	mittee					
\angle									
٨	Full Name (Last, First, Middle Initial)	\			Data of	f Disbursen	oont		
A.	RANDY HULTGREN FOR CONGR	(ESS				_			
	Mailing Address PO BOX 717				09	27		2012	Y
	,	State	Zip Code		Trans	action ID :	SB23.4721	3	
	ST CHARLES Purpose of Disbursement	IL	60174						
	Turpose of Bisbursement				Amoun	t of Each D	Disbursemer	nt this F	Period
	Candidate Name			Category/					
				Type				1000	.00
		nent For:	-						
		Primary	General						
	State: IL District: 14	Other (spe	ecity) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.	RE-ELECT MCGOVERN COMMIT	TFF			Date of	f Disbursen	nent		
					M - M	/ D [/ Y	Y	Υ
	Mailing Address PO Box 60405				09	17		2012	
	011	<u> </u>							
	•	State MA	Zip Code 01606		Trans	action ID:	SB23.4717	'3	
	Purpose of Disbursement		0.000						
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	Candidate Name			Category/				2500	00
	Office Cought: A House			Туре		,	7	2000	.00
		nent For: Primary	2012 General						
		Other (spe							
	State: MA District: 03	(-)	√						
	Full Name (Last, First, Middle Initial)								
C.	C. RICHARD E NEAL FOR CONGRESS COMMIT				Date of	f Disbursen	nent		
					M M / D D / Y Y Y Y				Υ
	Mailing Address 76 MAGNOLIA TERRACE	ing Address 76 MAGNOLIA TERRACE			09	17		2012	
	City	State	Zip Code						
	SPRINGFIELD	MA	01108		Trans	action ID :	SB23.4717	b	
	Purpose of Disbursement								
	Candidate Name				Amoun	t of Each D	Disbursemer	nt this F	Period
	Candidate Name			Category/ Type				5000	.00
	Office Sought:	nent For:	2012	Турс		7	7		
		Primary	General						
	President	Other (spe	ecify) 🔻						
_	State: MA District: 02								
								0500	00
[5	SUBTOTAL of Disbursements This Page (optional)			·····•		-		8500.	.00
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 31 C	OF 32
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	the (check only one)		
	Detailed Summary Page	21b	22 X 23 24 25	26
		27	28a 28b 28c 29	30b
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NAME OF COMMITTEE (In Full)	::			
College of American Pathologists P	olitical Action Comr	mittee		
Full Name (Last, First, Middle Initial)				
A. SCHWEIKERT FOR CONGRESS	Date of Disbursement			
Mailing Address 8776 E SHEA BLVD,			09 26 2012	Y
SUITE B3A-626				
,	tate Zip Code		Transaction ID : SB23.47201	
0001.02.122	AZ 85260		Transaction ib . 0520.47201	
Purpose of Disbursement			Amount of Each Disbursement this F	Period
Candidate Name		Cotomorii	cam of Edon Biobardoment (IIIS I	5110d
		Category/ Type	5000	.00
Office Sought: House Disbursem	ent For: 2012			
	Primary Seneral			
	Other (specify) ▼			
State: AZ District: 06				
Full Name (Last, First, Middle Initial) B. SOUTHERLAND FOR CONGRESS			Date of Disbursement	
5. SOUTHERLAND FOR CONGRESS	0		M M / D D / Y Y Y	V
Mailing Address 528 W BALDWIN ROAD	OAD		09 26 2012	Y
City S	tate Zip Code			
•	FL 32405		Transaction ID : SB23.47178	
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this F	eriod
Candidate Name		Category/ Type	5000	0.00
Office Sought: Y House Disbursem	ent For: 2012	Турс		
	Primary Seneral			
President	Other (specify) ▼			
State: FL District: 02				
Full Name (Last, First, Middle Initial)			Data of Distance and	
C. STIVERS FOR CONGRESS			Date of Disbursement	_
Mailing Address 217 THIRD STREET, SE			09 26 2012	Y
•	tate Zip Code		Transaction ID : SB23.47203	
WASHINGTON Purpose of Disbursement	DC 20003			
Turpose of Disbursement			Amount of Fook Dishursoment this F	Dariad
Candidate Name		Cotogogy	Amount of Each Disbursement this F	Period
		Category/ Type	2500	.00
Office Sought: House Disbursem	ent For: 2012			
	Primary General			
	Other (specify) ▼			
State: OH District: 15				
CURTOTAL of Dishumananta This Days (see 1)			12500.	.00
SUBTOTAL of Disbursements This Page (optional)			.2000.	
		<u> </u>		

Use separate schedule(s) for each category of the Detailed Summary Page Use separate schedule(s) for each category of the 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 Political Action Committee Full Name (Last, First, Middle Initial) A. STIVERS FOR CONGRESS Mailing Address 217 THIRD STREET, SE Og 27 238 28 28 28 28 29 30 Date of Disbursement Date of Disbursement Transaction ID : SB23.47215 Amount of Each Disbursement this Period Other (specify) Type Office Sought: House Senate Primary General Other (specify) State: OH District: 15 Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	DULE B (FEC Form 3X)		PAGE 32 OF 32		
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