

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. 12FE4M5 College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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) X 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2012 through 04 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Dr. Renee R. Ellerbroek [Electronically Filed] Date 05 / 14 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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"/>		<input type="text" value="478752.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="511914.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="77915.00"/>	<input type="text" value="235156.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="589829.49"/>	<input type="text" value="713908.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92.40"/>	<input type="text" value="124171.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="589737.09"/>	<input type="text" value="589737.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	69735.00	175130.00
(ii) Unitemized .....	8180.00	60026.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	77915.00	235156.00
(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) .....	77915.00	235156.00
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))..... ▶	77915.00	235156.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	77915.00	235156.00

**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
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 .....	92.40	389.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92.40	389.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	137500.00
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)) ..	92.40	124171.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92.40	124171.60

**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) .....	77915.00	235156.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77915.00	235156.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	92.40	389.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	92.40	389.60

**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 43
<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. Charles L. Abbott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path & Clin Labs  
 725 North St  
 City Pittsfield State MA Zip Code 01201-4109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Berkshire Health Systems Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46204**  
 Amount of Each Receipt this Period  
**500.00**

**B. Jared Abbott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 41st St  
 City West Des Moines State IA Zip Code 50265-3874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Laboratory PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : SA11AI.46206**  
 Amount of Each Receipt this Period  
**450.00**

**C. Dr. Paul F Atkinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 Buckeye Rd Ste 178  
 City Atlanta State GA Zip Code 30341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology & Laboratory Medicine, P.C. 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46218**  
 Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1950.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 7 OF 43  
(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 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. Raja M Bahu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Bracken Ln  
 City Northfield State IL Zip Code 60093-2901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Good Shepherd 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46220**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Margaret A. Batt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9352 Park West Blvd  
 City Knoxville State TN Zip Code 37923-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parkwest Med Ctr 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  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46222**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. Jane A Bennett-Munro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 650 Addison Ave W  
 City Twin Falls State ID Zip Code 83301-5444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Luke's Magic Valley Reg Med Ctr 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  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46224**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 43  
(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 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. James K Billman Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1520 7th St Fl 6  
 City Moline State IL Zip Code 61265-2986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metropolitan Medical Lab Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.46229**  
 Amount of Each Receipt this Period  
 500.00

**B. Gordon Bills MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9293 Witherbone Court  
 City Cincinnati State OH Zip Code 45242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Souther Ohio Pathology Consultants Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46230**  
 Amount of Each Receipt this Period  
 400.00

**C. Dr. Robert Neil Blanchard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Mar Walt Dr  
 City Fort Walton Beach State FL Zip Code 32547-6708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ft Walton Beach 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46232**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00  
**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 9 OF 43
	<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	

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. Melissa Mulkey Blann MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3810 152nd St  
 City Lubbock State TX Zip Code 79423-6310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmeriPath Lubbock 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  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46234**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Benjamin L Blend MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 931 Highland Blvd # 3220  
 City Bozeman State MT Zip Code 59715-6912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bozeman Deaconess Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46236**  
 Amount of Each Receipt this Period  
 500.00

**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 Loma Linda Univ Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : SA11AI.46245**  
 Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1560.00
<b>TOTAL</b> 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 43
	<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	<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. Brian R Carlson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4733 Andrew Jackson Pkwy Ste 2C

City Hermitage	State TN	Zip Code 37076-1365
-------------------	-------------	------------------------

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

Name of Employer Pathologists Laboratory, PC	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
04	/	17	/	2012

**Transaction ID : SA11AI.46247**

Amount of Each Receipt this Period  
1000.00

**B. Dr. James B Cash Sr., MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2693 Forest Hills Rd SW Ste B

City Wilson	State NC	Zip Code 27893-8611
----------------	-------------	------------------------

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

Name of Employer Eastern Carolina Pathology Inc	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
04	/	03	/	2012

**Transaction ID : SA11AI.46249**

Amount of Each Receipt this Period  
250.00

**C. Dr. Deborah Riley Citron MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Lab/Pathology  
1504 Taub Loop

City Houston	State TX	Zip Code 77030-1608
-----------------	-------------	------------------------

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

Name of Employer Ben Taub Gen Hosp	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
04	/	17	/	2012

**Transaction ID : SA11AI.46251**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 11 OF 43  
(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 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. Timothy J Collins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 N Peachtree Ave  
 City Cookeville State TN Zip Code 38501-2546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cookeville Pathology Laboratory Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46255**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Thomas J Cooper Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5620 E El Parque St  
 City Long Beach State CA Zip Code 90815-4129  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : SA11AI.46258**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Russell D Deidiker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Weber Rd  
 City Farmington State MO Zip Code 63640-3325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mineral Area Reg 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  
 04 / 30 / 2012  
**Transaction ID : SA11AI.46268**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**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 43
	<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	

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) <b>A. Dr. James R. DeVillier MD</b>			Date of Receipt MM / DD / YYYY 04 / 04 / 2012 <b>Transaction ID : SA11AI.46272</b>
Mailing Address 296 Denada Path			Amount of Each Receipt this Period 500.00
City Roxboro	State NC	Zip Code 27574-6306	
FEC ID number of contributing federal political committee. C			
Name of Employer Person County Memorial Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jane Katherine Dry MD</b>			Date of Receipt MM / DD / YYYY 04 / 09 / 2012 <b>Transaction ID : SA11AI.46274</b>
Mailing Address DEpt of Path 1978 Industrial Blvd			Amount of Each Receipt this Period 500.00
City Houma	State LA	Zip Code 70363-7055	
FEC ID number of contributing federal political committee. C			
Name of Employer Leonard J. Chabert Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jordan W Eggers MD</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2012 <b>Transaction ID : SA11AI.46278</b>
Mailing Address 211 4th St			Amount of Each Receipt this Period 1000.00
City Alexandria	State LA	Zip Code 71301-8421	
FEC ID number of contributing federal political committee. C			
Name of Employer Delta Path LLC	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 43
	<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	<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. David J. Eisenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1 Medical Village Dr  
 City Edgewood State KY Zip Code 41017-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Elizabeth Hlthcare-Edgewood Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : SA11AI.46279**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Nathan Bert Eliason MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3212 Hayford Ave  
 City Laramie State WY Zip Code 82072-5109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ivinson Memorial Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46280**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr. Brenda Lee Eriksen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 901 MacArthur Blvd  
 City Munster State IN Zip Code 46321-2901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Community Hospital 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46282**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 14 OF 43  
(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 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. K. Barton Farris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1101 Medical Ctr Blvd  
 City Marrero State LA Zip Code 70072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Jefferson Med Ctr 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  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46283**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Marianne L. Feran MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Whittier St  
 City Melrose State MA Zip Code 02176-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hallmark Hlth 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  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46287**  
 Amount of Each Receipt this Period  
 1000.00

**c. Dr. Margaret M. Flanagan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Kenwood Rd  
 City Chambersburg State PA Zip Code 17201-1256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Chambersburg Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.46294**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**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 43  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Guery Flores**

Mailing Address 75 Colonia De Salud Ste 200D

City Sierra Vista	State AZ	Zip Code 85635
----------------------	-------------	-------------------

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

Name of Employer United Pathology LTD	Occupation Pathologist
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

**Transaction ID : SA11AI.46295**

Amount of Each Receipt this Period  
700.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Christopher Michael Flynn MD**

Mailing Address 175 College St

City Battle Creek	State MI	Zip Code 49037-3432
----------------------	-------------	------------------------

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

Name of Employer Reg Med Labs 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
04	/	26	/	2012

**Transaction ID : SA11AI.46297**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Steven V. Foster MD**

Mailing Address Path Lab  
1441 N Beckley Ave

City Dallas	State TX	Zip Code 75203-1201
----------------	-------------	------------------------

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

Name of Employer Methodist Dallas 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
04	/	03	/	2012

**Transaction ID : SA11AI.46299**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2200.00
<b>TOTAL</b> 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 16 OF 43  
(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 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. Mary Elizabeth Fowkes MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5137 Tauten Square  
 City State Zip Code  
 Louisville KY 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mt Sinai Schl of Med Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46301**  
 Amount of Each Receipt this Period  
 750.00

**B. Dr. David L. Gang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 759 Chestnut St  
 City State Zip Code  
 Springfield MA 01199-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baystate Med Ctr Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46306**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Steven P Goetz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1000 4th St SW  
 City State Zip Code  
 Mason City IA 50401-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Med Ctr-North Iowa Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46313**  
 Amount of Each Receipt this Period  
 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 17 OF 43  
(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 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. Jeffrey D. Goldstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 800 Prudential Dr  
 City Jacksonville State FL Zip Code 32207-8202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Med Ctr/Wolfson Children's Hos Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : SA11AI.46317**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Allen M Gown MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 551 N 34th St Ste 100  
 City Seattle State WA Zip Code 98103-8675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PhenoPath Labs Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : SA11AI.46323**  
 Amount of Each Receipt this Period  
 1500.00

**c. Dr. Mark Albert Grathwohl MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Livery Ln  
 City North Salem State NY Zip Code 10560-3424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern Westchester Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46327**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00  
**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 18 OF 43
	<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	

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) <b>A. C Joyce Greathouse</b>		Date of Receipt
Mailing Address 760 Airport Rd		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Panama City	FL	32405-4003
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.46328</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Bay Pathology Associates	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Terrence E Grimm MD</b>		Date of Receipt
Mailing Address Dept of Path 737 N Broadway		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fargo	ND	58122-0041
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.46332</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Sanford Clinic	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mary Frances Hahn MD</b>		Date of Receipt
Mailing Address 350 W Thomas Rd		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Phoenix	AZ	85013-4496
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.46335</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
St Josephs Hosp and Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 19 OF 43
	<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	

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. John C. Harrison MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2904 Westcorp Blvd SW Ste 108  
 City Huntsville State AL Zip Code 35805-6437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Associates PC 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  
 04 / 03 / 2012  
**Transaction ID : SA11AI.46339**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Richard J. Hausner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7941 Katy Freeway #530  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cypress Fairbanks Med Ctr 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  
 04 / 03 / 2012  
**Transaction ID : SA11AI.46343**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. James S Hernandez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Chair Div of Lab Medicine  
 LL Lab Dept of Path  
 City Scottsdale State AZ Zip Code 85259-5452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46345**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00  
**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 20 OF 43  
(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 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. David S Hewitt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 S Dunworth St  
 City Visalia State CA Zip Code 93292-6702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Visalia Path Grp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46349**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. James N. Ho MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Genoptix Medical Laboratory  
 2110 Rutherford Rd  
 City Carlsbad State CA Zip Code 92008-7328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Genoptix Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012  
**Transaction ID : SA11AI.46353**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Robert G Huber MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2504 Serravalle St NW  
 City Uniontown State OH Zip Code 44685-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UW Cancer Ctr Lab Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46360**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**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 21 OF 43
	<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	

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. Bruce Wayne Hughes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9010  
 City Kokomo State IN Zip Code 46904-9010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Hosp & Health Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 04 / 2012**  
**Transaction ID : SA11AI.46362**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Herman S Hurwitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 Annapolis Ln.  
 City Cherry Hill State NJ Zip Code 08003-2800  
 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 **500.00**

Date of Receipt **04 / 09 / 2012**  
**Transaction ID : SA11AI.46364**  
 Amount of Each Receipt this Period **500.00**

**c. Dr. Charles N. Iknayan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address E6385 Gheller Dr  
 City Bessemer State MI Zip Code 49911-9754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grandview Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 09 / 2012**  
**Transaction ID : SA11AI.46366**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2000.00**  
**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 22 OF 43
	<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	<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. Mehraboon S. Irani MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2424 W Erie Dr  
 City Tempe State AZ Zip Code 85282-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blood Systems Laboratories Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46368**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr. Dervila O Jonas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 418 Mosby Dr SW  
 City Leesburg State VA Zip Code 20175-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Loudoun Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46372**  
 Amount of Each Receipt this Period  
**500.00**

**c. Dr. Patrick C Kippenbrock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7850 N Illinois St  
 City Indianapolis State IN Zip Code 46260-3663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St John's Hlth Sys 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  
 04 / 20 / 2012  
**Transaction ID : SA11AI.46378**  
 Amount of Each Receipt this Period  
**250.00**

**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: (check only one)	PAGE 23 OF 43
	<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	

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. John A Laczin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 Mulsanne Dr  
 City Zionsville State IN Zip Code 46077-9076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Covance Central Lab Svcs, Inc 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  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46390**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Rosanna L Lapham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 101 E Wood St  
 City Spartanburg State SC Zip Code 29303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : SA11AI.46392**  
 Amount of Each Receipt this Period  
 750.00

**C. Dr. Philip E. LeBoit MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dermatopathology Rm 499 1701 Divisadero St  
 City San Francisco State CA Zip Code 94115-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of California San Francisco Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46394**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> 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 24 OF 43  
(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 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. Christopher J Leigh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mercy Medical Center  
 250 Mercy Dr  
 City Dubuque State IA Zip Code 52001-7320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Clinical Laboratories Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46398**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Debra G.B. Leonard MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab Admin Box 79  
 525 E 68th St  
 City New York State NY Zip Code 10065-4870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Weill Cornell Medical College Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46399**  
 Amount of Each Receipt this Period  
 600.00

**C. Alan Levin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 Hillmoor Dr Ste C11  
 City Port St Lucie State FL Zip Code 34952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmeriPath Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : SA11AI.46400**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**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 25 OF 43
	<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	

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. Alan Levin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Hillmoor Dr Ste C11

City Port St Lucie State FL Zip Code 34952

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

Name of Employer AmeriPath Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 04 / 2012  
**Transaction ID : SA11AI.46401**

Amount of Each Receipt this Period  
500.00

**B. DR JOE ALTON Lewis MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Elizabeth St

City Corpus Christi State TX Zip Code 78404-2235

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

Name of Employer Christus Spohn Hosp-Shoreline Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 04 / 2012  
**Transaction ID : SA11AI.46402**

Amount of Each Receipt this Period  
250.00

**c. Dr. Steven Alan Lofton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9033

City Stuart State FL Zip Code 34995-9033

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

Name of Employer Martin Mem Lab at St Lucie West% Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 26 / 2012  
**Transaction ID : SA11AI.46404**

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 26 OF 43
	<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	

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. Lawrence Alan Machtinger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Oakcliff Dr  
 City Laguna Niguel State CA Zip Code 92677-5650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Laguna Path Med Grp 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  
 04 / 10 / 2012  
**Transaction ID : SA11AI.46407**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. John C Maddox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 500 J Clyde Morris Blvd  
 City Newport News State VA Zip Code 23601-1975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Reg Med Ctr 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  
 04 / 26 / 2012  
**Transaction ID : SA11AI.46409**  
 Amount of Each Receipt this Period  
 250.00

**c. Dr. Charles E Mangum MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7501 Lakeview Pkwy Ste 160  
 City Rowlett State TX Zip Code 75088-9327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Texas Path Labs Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46413**  
 Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 27 OF 43
	<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	

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. Guillermo G Martinez-Torres MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-4508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia St Marys Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2012  
**Transaction ID : SA11AI.46415**  
 Amount of Each Receipt this Period  
 1250.00

**B. DR CALIXTO J Maso MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 2900 N Lake Shore Dr  
 City Chicago State IL Zip Code 60657-5640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Joseph 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  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46416**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Carlos A. Mattioli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 S Bryan Rd  
 City Mission State TX Zip Code 78572-6613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mission Hosp 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46420**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 28 OF 43
	<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	

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) <b>A. Dr. Lisa Beth Nass MD</b>		Date of Receipt
Mailing Address Dept of Path 8901 W Lincoln Ave		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City West Allis	State WI	Zip Code 53227-2409
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.46432</b>
Name of Employer ACL Labs		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Dr. James Joseph Navin MD</b>		Date of Receipt
Mailing Address 5287 Poola St		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Honolulu	State HI	Zip Code 96821-1556
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.46434</b>
Name of Employer Cytopath Inc		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Dr. Diana L Nevins MD</b>		Date of Receipt
Mailing Address The Path Center 8303 Dodge St		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Omaha	State NE	Zip Code 68114-4108
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.46436</b>
Name of Employer Methodist Hospital		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 29 OF 43
	<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	<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. Jonathan R Oppenheimer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 50207  
 City Nashville State TN Zip Code 37205-0207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Our Lab Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46441**  
 Amount of Each Receipt this Period  
 2500.00

**B. Dr. Scott P Otteson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 801 W Maple St  
 City Farmington State NM Zip Code 87401-5630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tres Rios Pathology PC 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46445**  
 Amount of Each Receipt this Period  
 250.00

**C. C. Dean Pappas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lawrence Mem Hosp/Path Dept 170 Governors Ave  
 City Medford State MA Zip Code 02155-1643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hallmark Health 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46446**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 30 OF 43  
(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 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. William T. Pastuszak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 80 Seymour St.  
 City Hartford State CT Zip Code 06102-5037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartford Hosp 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  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46448**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Elpidio De Jesus Pena MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1520 Goddard Ave  
 City Louisville State KY Zip Code 40204-1546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46451**  
 Amount of Each Receipt this Period  
 600.00

**C. Dr. Christine F. Piller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Church St N  
 City Concord State NC Zip Code 28025-2927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CMC - Northest 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  
 04 / 06 / 2012  
**Transaction ID : SA11AI.46455**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**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 31 OF 43
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. William Charles Pitts MD</b>		Date of Receipt
Mailing Address Sierra Path Lab PO Box 2130		M M M / D D D / Y Y Y Y Y Y 04 / 04 / 2012
City Clovis	State CA	Zip Code 93613-2130
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.46457</b>
Name of Employer Pathology Associates		Amount of Each Receipt this Period
Occupation Pathologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>B. Dr. Julie A Plumbley MD</b>		Date of Receipt
Mailing Address Dept of Path 70 Med Ctr Cir Ste 309		M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012
City Fishersville	State VA	Zip Code 22939-2273
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.46459</b>
Name of Employer Blue Ridge Pathologists		Amount of Each Receipt this Period
Occupation Pathologist		600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		600.00

Full Name (Last, First, Middle Initial) <b>C. Dr. James M Pullman MD, PhD</b>		Date of Receipt
Mailing Address Surgical Pathology 4th Flr Foreman Pavilion		M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2012
City Bronx	State NY	Zip Code 10467-2401
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.46461</b>
Name of Employer Montefiore Med Ctr		Amount of Each Receipt this Period
Occupation Pathologist		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> 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 32 OF 43
<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. M. Joseph Pyle Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 834 Clinton Pl  
 City River Forest State IL Zip Code 60305-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Christ Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 06 / 2012**  
**Transaction ID : SA11AI.46463**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Robert Laurence Randell Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 491 Sylvan Dr  
 City Winter Park State FL Zip Code 32789-3974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 25 / 2012**  
**Transaction ID : SA11AI.46465**  
 Amount of Each Receipt this Period **1000.00**

**C. Dr. Richard A Ray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 975 Sereno Dr  
 City Vallejo State CA Zip Code 94589-2441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 04 / 2012**  
**Transaction ID : SA11AI.46467**  
 Amount of Each Receipt this Period **600.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2600.00**  
**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 33 OF 43  
(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 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. Milton Warren Roggenkamp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 144 Arrowhead Dr  
 City West Lafayette State IN Zip Code 47906-2105  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46469**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. David Mark Rowe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PRW Laboratories  
 3050 Berkmar Dr Ste A  
 City Charlottesville State VA Zip Code 22901-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Virginia 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46473**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Reinhardt O. Sahmel MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 219 S Washington St  
 City Easton State MD Zip Code 21601-2913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hosp at Easton Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46477**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00  
**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 34 OF 43  
(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 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. Ricardo Nestor Sarli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 30th Ave S  
 City Fargo State ND Zip Code 58103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Diagnostic Services of Manitoba Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012  
**Transaction ID : SA11AI.46481**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr. Mary R Schwartz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path MS 205  
 City Houston State TX Zip Code 77030-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Methodist Hospital 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  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46483**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Samar Shami**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Boxwood Ter  
 City Holmdel State NJ Zip Code 07733-2916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatopath Inst of NJ Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46484**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1800.00**  
**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 35 OF 43  
(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 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. Rama Shankar**

Mailing Address Dept of Pathology  
403 E First St

City State Zip Code  
Dixon IL 61021

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

Name of Employer Occupation  
Katherine Shea Bethea 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  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46485**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dr. William Robert Shipley MD**

Mailing Address Dept of Path  
201 E Grover St

City State Zip Code  
Shelby NC 28150-3917

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

Name of Employer Occupation  
Cleveland Reg Med Ctr 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.46489**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Dr. Jagmohan S Sidhu MD**

Mailing Address Wilson Lab  
33-57 Harrison St

City State Zip Code  
Johnson City NY 13790

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

Name of Employer Occupation  
United Hlth Svcs-Wilson Mem Reg Med Ct 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  
 04 / 30 / 2012  
**Transaction ID : SA11AI.46491**

Amount of Each Receipt this Period  
500.00

**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 36 OF 43  
(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 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. Daniel D Slagel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Associates  
 250 Mercy Dr G231  
 City Dubuque State IA Zip Code 52004-0731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Clinical Laboratories 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  
 04 / 13 / 2012  
**Transaction ID : SA11AI.46493**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Elton Travis Smith Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 Vermonte Dr  
 City Matthews State NC Zip Code 28104-6245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolinas Med Ctr-Mercy 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  
 04 / 25 / 2012  
**Transaction ID : SA11AI.46495**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Jeffrey B Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1395 S Pinellas Ave  
 City Tarpon Springs State FL Zip Code 34689-3790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Helen Ellis Memorial Hosp 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  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46497**  
 Amount of Each Receipt this Period  
 500.00

**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: (check only one)	PAGE 37 OF 43
	<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	

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) <b>A. Dr. Matthew James Snyder MD</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2012 <b>Transaction ID : SA11AI.46498</b>
Mailing Address Pathology Dept 3000 New Bern Ave		Amount of Each Receipt this Period 175.00
City Raleigh	State NC Zip Code 27610-1231	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00
Name of Employer Raleigh Pathology Lab Assoc PA	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Maria Grazia Sparacino MD</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2012 <b>Transaction ID : SA11AI.46500</b>
Mailing Address 901 hwy 8 east		Amount of Each Receipt this Period 300.00
City cleveland	State MS Zip Code 38732	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Bolivar Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John Wade Strong MD</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2012 <b>Transaction ID : SA11AI.46504</b>
Mailing Address Dept of Pathology 2095 Henry Tecklenburg Dr		Amount of Each Receipt this Period 500.00
City Charleston	State SC Zip Code 29414-5733	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Bon Secours St. Francis	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	975.00
<b>TOTAL</b> 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 38 OF 43  
(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 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. Mark S Synovec MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab  
 1500 SW 10th Ave  
 City Topeka State KS Zip Code 66604-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stormont-Vail Reg Health Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2012  
**Transaction ID : SA11AI.46507**  
 Amount of Each Receipt this Period  
 750.00

**B. Dr. Paula E Szytko , MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6125 Prickley Pear Ln  
 City Jackson State WY Zip Code 83001-9584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2012  
**Transaction ID : SA11AI.46509**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Ailyn U. Tan , MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5025 N Paulina St  
 City Chicago State IL Zip Code 60640-2772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Hosp of Chicago 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  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46511**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 39 OF 43
<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. Yoshinori Tokunaga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Sunrise Ln  
 City Bryan State OH Zip Code 43506-8720  
 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2012**  
**Transaction ID : SA11AI.46515**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Melvin J. Van Boven DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 S Jackson Ave Ste 305  
 City Tulsa State OK Zip Code 74127-9057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OSU Medical Center 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  
**04 / 17 / 2012**  
**Transaction ID : SA11AI.46521**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Guillermo Villamarzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 366527  
 City San Juan State PR Zip Code 00936-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hato Rey Pathology Associates 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  
**04 / 06 / 2012**  
**Transaction ID : SA11AI.46524**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> 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 40 OF 43  
(check only one)

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

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

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

**A. Dr. Richard Mayhew Ward MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Pathology  
2000 Neuse Blvd  
City New Bern State NC Zip Code 28560-3449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolina East Medical Center Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
04 / 03 / 2012  
**Transaction ID : SA11AI.46528**  
Amount of Each Receipt this Period  
250.00

**B. Dr. Robert Wesley Wetherington MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Ste 140  
2275 Northwest Pkwy  
City Marietta State GA Zip Code 30067-9319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dermopath Diagnostics Atlanta Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt  
04 / 17 / 2012  
**Transaction ID : SA11AI.46535**  
Amount of Each Receipt this Period  
1000.00

**C. Dr. Thomas M Wheeler MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path & Immunology  
1 Baylor Plz Rm T-203  
City Houston State TX Zip Code 77030-3411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baylor College of Medicine Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt  
04 / 25 / 2012  
**Transaction ID : SA11AI.46537**  
Amount of Each Receipt this Period  
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: PAGE 41 OF 43  
(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 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. Robert S. White MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2704 S Victor Ave  
 City Tulsa State OK Zip Code 74114-4209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integris Mayes County 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  
 04 / 25 / 2012  
**Transaction ID : SA11AI.46539**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Lola Bennett Windisch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4608 21st St  
 City Lubbock State TX Zip Code 79407-2312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AmeriPath Lubbock 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  
 04 / 04 / 2012  
**Transaction ID : SA11AI.46541**  
 Amount of Each Receipt this Period  
 1000.00

**C. Changgao Yang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 Old Ranch Pkwy Ste 300  
 City Seal Beach State CA Zip Code 90740-2751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sterling Pathology Med Corp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : SA11AI.46548**  
 Amount of Each Receipt this Period  
 4500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**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 42 OF 43  
(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 the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Louis J Zinterhofer MD**

Mailing Address Dept of Path  
 300 2nd Ave

City State Zip Code  
 Long Branch NJ 07740-6303

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

Name of Employer Occupation  
 Monmouth Med Ctr Pathologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.46550**

Amount of Each Receipt this Period  
 3000.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	69735.00

**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

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. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Moneris ACH Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2012

**Transaction ID : SB21B.46556**

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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : SB21B.46557**

Amount of Each Disbursement this Period

50.50

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) ▼

Category/  
Type

Date of Disbursement

M M M / D 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)..... ▶

92.40

92.40