

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2011 through 01 31 2011

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 Electronically Filed by Dr. Renee R. Ellerbroek Date 02 17 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

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

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		388632.97
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	388632.97									
(c) Total Receipts (from Line 19) .....	37691.00	37691.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	426323.97	426323.97								
7. Total Disbursements (from Line 31) .....	21077.50	21077.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	405246.47	405246.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	30450.00	30450.00
(ii) Unitemized .....	7891.00	7891.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	38341.00	38341.00
(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) .....	38341.00	38341.00
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 .....	-650.00	-650.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37691.00	37691.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37691.00	37691.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	77.50	77.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77.50	77.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20718.00	20718.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	282.00	282.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21077.50	21077.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21077.50	21077.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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) .....	38341.00	38341.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38341.00	38341.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77.50	77.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	77.50	77.50

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

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

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Othon Almanza, Sr

Mailing Address 1150 N 18th St Ste 102

City State Zip Code  
Abilene TX 79601-2931

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

Name of Employer Occupation  
Clinical Pathology Associates 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  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.40143

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
N. Stephen Bauer, Dr.

Mailing Address Laboratory  
6501 Coyle Ave.

City State Zip Code  
Carmichael CA 95608

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

Name of Employer Occupation  
Mercy San Juan Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.40179

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
David Brent Benjamin, Dr.

Mailing Address Department of Pathology  
400 South 43rd Street

City State Zip Code  
Renton WA 98055

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

Name of Employer Occupation  
Valley Med Ctr 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  
0 1 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.40243

Amount of Each Receipt this Period  
250.00

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

3000.00

**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 / 23  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Lee Gordon Bills, Dr.

Mailing Address 9293 Witherbone Court

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Good Samaritan Hosp 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  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.40152

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Aikman John Caldwell, Dr.

Mailing Address Department of Pathology  
101 E Wood St

City State Zip Code  
Spartanburg SC 29303-3040

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 / D D / Y Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.40216

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
D Jeffrey Cao, Dr.

Mailing Address 11021 Campus St Ste 301

City State Zip Code  
Loma Linda CA 92350-1701

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 ▼ 500.00

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

Transaction ID: SA11AI.40170

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

**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 / 23

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lizardo Cerezo

Mailing Address Dept of Path  
1414 Kuhl Ave

City State Zip Code  
Orlando FL 32806-2115

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

Name of Employer Occupation  
Orlando Regional Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.40192

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Frances Lauren Chiles, Dr.

Mailing Address Innovative Pathology Services  
501 20th St Ste G3

City State Zip Code  
Knoxville TN 37916-1890

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

Name of Employer Occupation  
unaffiliated Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.40162

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
M. Anthony Dombrowski, Dr.

Mailing Address Pathology Laboratory  
Adventist Bolingbrook Hospital

City State Zip Code  
Bolingbrook IL 60440

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

Name of Employer Occupation  
LaGrange Memorial Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.40258

Amount of Each Receipt this Period

250.00

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

1750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
G Stanley Eilers, Dr.

Mailing Address 1911 1st Ave SE

City State Zip Code  
Cedar Rapids IA 52402-5320

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Weland Clinical Lab PC Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2011

**Transaction ID:** SA11AI.40246

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
H Justin Ekuan, Dr.

Mailing Address Path  
27700 Medical Center Rd

City State Zip Code  
Mission Viejo CA 92691-6426

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mission Hosp & Reg Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 28 / 2011

**Transaction ID:** SA11AI.40183

Amount of Each Receipt this Period 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Jane Laura Gardner, Dr.

Mailing Address 417 Edgar Road

City State Zip Code  
Webster Groves MO 63119

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St. Louis Univ HSC Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 13 / 2011

**Transaction ID:** SA11AI.40218

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1900.00

**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 10 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
E. Fred Gilbert, Dr.  
Mailing Address 1 Pine Hollow Dr  
City Newnan State GA Zip Code 30263  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Newnan Hospital - West Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 14 / 2011  
Transaction ID: SA11AI.40201  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
J Cameron Hall  
Mailing Address 7550 Wolf River Blvd # 200  
City Germantown State TN Zip Code 38138-1745  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pathology Group of the Midlands Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 23 / 2011  
Transaction ID: SA11AI.40197  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
N. Charles Iknayan, Dr.  
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 01 / 14 / 2011  
Transaction ID: SA11AI.40155  
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 11 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Monique Jacqueline Jacques, Dr.		Date of Receipt
	Mailing Address 630 e river st		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	elyria	OH	44035
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.40148
Name of Employer EMH Reg Med Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) L. Rosanna Lapham, Dr.		Date of Receipt
	Mailing Address 101 East Wood Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Spartanburg	SC	29303
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.40136
Name of Employer Spartanburg Pathology Associates, PA		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 750.00	<input type="text"/> 750.00

<b>C.</b>	Full Name (Last, First, Middle Initial) E. Philip LeBoit, Dr.		Date of Receipt
	Mailing Address 1701 Divisadero St Rm 350		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Francisco	CA	94115-3011
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.40233
Name of Employer Univ of California San Francisco		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<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 12 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) H. Edward Lipford, Dr.		Date of Receipt MM / DD / YYYY 01 / 07 / 2011		
	Mailing Address 1031 Queens Road West		<b>Transaction ID:</b> SA11AI.40135		
	City Charlotte	State NC	Zip Code 28207	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Carolinas Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan Steven Lofton, Dr.		Date of Receipt MM / DD / YYYY 01 / 10 / 2011		
	Mailing Address PO Box 9033		<b>Transaction ID:</b> SA11AI.40175		
	City Stuart	State FL	Zip Code 34995	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Martin Mem Lab at St Lucie West%	Occupation Pathologist	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) J. Wendy McLaughlin, Dr.		Date of Receipt MM / DD / YYYY 01 / 21 / 2011		
	Mailing Address 10515 E Olla Ave		<b>Transaction ID:</b> SA11AI.40127		
	City Mesa	State AZ	Zip Code 85212	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Banner Baywood Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 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: PAGE 13 / 23  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
S Thomas Mego, Dr.

Mailing Address Dept of Path  
3200 Providence Dr

City Anchorage State AK Zip Code 99508-4615

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

Name of Employer Providence Alaska Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

Transaction ID: SA11AI.40203

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
A Michelangelo Milano, Dr.

Mailing Address Dept Of Pathology  
800 W Central Rd

City Arlington Heights State IL Zip Code 60005-2349

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

Name of Employer Northwest Cmnty Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2011

Transaction ID: SA11AI.40187

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
G. John Newby, Dr.

Mailing Address Dept of Pathology  
11110 Medical Campus Rd Ste 230

City Hagerstown State MD Zip Code 21742-6727

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

Name of Employer Washington County Health System Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2011

Transaction ID: SA11AI.40180

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5250.00

**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 14 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) C. Dean Pappas	Date of Receipt MM / DD / YYYY 01 / 27 / 2011
	Mailing Address Lawrence Mem Hosp/Path Dept 170 Governors Ave	<b>Transaction ID:</b> SA11AI.40156
	City Medford	State MA
	Zip Code 02155-1643	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Hallmark Health	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Shirish Anjali Pargaonkar, Dr.	Date of Receipt MM / DD / YYYY 01 / 24 / 2011
	Mailing Address 9600 Tree Bend Dr	<b>Transaction ID:</b> SA11AI.40272
	City Austin	State TX
	Zip Code 78750-3876	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) D. Mark Pool, Dr.	Date of Receipt MM / DD / YYYY 01 / 31 / 2011
	Mailing Address Department of Pathology 350 N Wall Street	<b>Transaction ID:</b> SA11AI.40210
	City Kankakee	State IL
	Zip Code 60901-2901	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Riverside 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<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 15 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) G Thomas Puckett, Dr.		Date of Receipt MM / DD / YYYY 01 / 14 / 2011		
	Mailing Address Dept of Path 421 S 28th Ave Ste 310		<b>Transaction ID:</b> SA11AI.40158		
	City Hattiesburg	State MS	Zip Code 39401-7208	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hattiesburg Clinic, PA		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) J. James Schnabel, Dr.		Date of Receipt MM / DD / YYYY 01 / 14 / 2011		
	Mailing Address Department of Pathology 3300 NW Expressway		<b>Transaction ID:</b> SA11AI.40163		
	City Oklahoma City	State OK	Zip Code 73112	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Integrus Baptist Med Ctr		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) F. Mack Sexton		Date of Receipt MM / DD / YYYY 01 / 14 / 2011		
	Mailing Address 17836 John Connor Rd		<b>Transaction ID:</b> SA11AI.40138		
	City Cornelius	State NC	Zip Code 28031-7659	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathology Assocs Svcs		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) .....	▶	2300.00
<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 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Catherine Marcia Shattuck, Dr.  
Mailing Address 416 Connable Ave

City State Zip Code  
Petoskey MI 49770

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

Name of Employer Northern Pathology Associates      Occupation Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 01 / 07 / 2011  
Transaction ID: SA11AI.40186  
Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
C. Lee Sheppard, Dr.  
Mailing Address 106 Fountain Pl

City State Zip Code  
Jackson TN 38305-8811

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: 01 / 14 / 2011  
Transaction ID: SA11AI.40263  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Anthony David Sibley, Dr.  
Mailing Address Path Dept  
400 N State of Franklin Rd

City State Zip Code  
Johnson City TN 37604-6035

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

Name of Employer Watauga Pathology Assoc      Occupation Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 28 / 2011  
Transaction ID: SA11AI.40245  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**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 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Howard Byron Simmons, Dr.  
Mailing Address PO Box 60968

City State Zip Code  
Ft Myers FL 33906

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

Name of Employer Cape Coral Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2011

**Transaction ID:** SA11AI.40222

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
O. V. Speights, Dr.  
Mailing Address Department of Pathology  
2401 S. 31st Street

City State Zip Code  
Temple TX 76508-6508

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

Name of Employer Scott and White Memorial Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.40213

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
E Stephen Sturdivant, Dr.  
Mailing Address Parkview Med Off Bldg  
1 Saint Vincent Cir Ste 160

City State Zip Code  
Little Rock AR 72205-5406

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

Name of Employer Arkansas Pathology Associates Occupation Pathologists

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.40126

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 23  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
A. Cheryl Szpak, Dr.  
Mailing Address 124 Steeplechase Rd  
City State Zip Code  
Chapel Hill NC 27514-1423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Raleigh Pathology Lab Ass-oc PA Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00  
Date of Receipt 01 / 31 / 2011  
Transaction ID: SA11AI.40244  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Anne Kathleen Trotta, Dr.  
Mailing Address Lawrence Mem Hosp  
170 Governors Ave  
City State Zip Code  
Medford MA 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 250.00  
Date of Receipt 01 / 03 / 2011  
Transaction ID: SA11AI.40169  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
O. James White, Dr.  
Mailing Address 2001 Webber St  
City State Zip Code  
Sarasota FL 34239  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sarasota Pathology Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00  
Date of Receipt 01 / 14 / 2011  
Transaction ID: SA11AI.40212  
Amount of Each Receipt this Period 1100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2350.00  
**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 19 / 23  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
F. George Worsham, Dr.

Mailing Address Department of Pathology  
316 S. Calhoun St.

City Charleston State SC Zip Code 29401

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

Name of Employer Roper Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.40211

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Truman Edward Wright, Dr.

Mailing Address Pathology Department  
915 Gordon Ave

City Thomasville State GA Zip Code 31792-6614

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

Name of Employer Archbold Medical Center 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  
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.40124

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Jin Zhang

Mailing Address 26 Waters Edge Way

City San Antonio State TX Zip Code 78248-1021

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

Name of Employer Ameripath South Texas 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  
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.40193

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30450.00



# 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)

PAGE 21 / 23

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

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

A.	Full Name (Last, First, Middle Initial) BUCHANAN FOR CONGRESS	Transaction ID: SB23.40285 Date of Disbursement 01 / 31 / 2011
	Mailing Address 2875 Towerview Road Suite 1000	Amount of Each Disbursement this Period 718.00
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK	Transaction ID: SB23.40282 Date of Disbursement 01 / 25 / 2011
	Mailing Address PO BOX 750114	Amount of Each Disbursement this Period 5000.00
	City LAS VEGAS State NV Zip Code 89136	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETIRMN

C.	Full Name (Last, First, Middle Initial) GLACIER PAC	Transaction ID: SB23.40278 Date of Disbursement 01 / 05 / 2011
	Mailing Address 818 Connecticut Ave. NW Suite 1100	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10718.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 23

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

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

A.

Full Name (Last, First, Middle Initial)  
MATHESON FOR CONGRESS

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: UT District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.40279

Date of Disbursement

01 / 05 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
QUAYLE FOR CONGRESS

Mailing Address 900 19TH STREET, NW  
8TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
DEBT RETIRMN

Category/  
Type

Transaction ID: SB23.40280

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

20718.00

**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)

PAGE 23 / 23

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan R Askew

Mailing Address 1350 I Street, NW  
Suite 590

City Washington State DC Zip Code 20005

Purpose of Disbursement  
IN KIND CONTRIBUTION TO BUCHANAN FOR CONGRESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.40284

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

282.00

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

282.00

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

282.00