

**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="2011"/>		388632.97
(b) Cash on Hand at Beginning of Reporting Period.....	519273.23	
(c) Total Receipts (from Line 19)	27083.86	475570.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	546357.09	864202.99
7. Total Disbursements (from Line 31).....	67604.40	385450.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	478752.69	478752.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21592.86	373732.30
(ii) Unitemized	5491.00	100737.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27083.86	474470.02
(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)	27083.86	474470.02
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	1100.00
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))..... ▶	27083.86	475570.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27083.86	475570.02

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	104.40	950.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104.40	950.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67500.00	384218.00
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	282.00
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)) ..	67604.40	385450.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67604.40	385450.30

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)	27083.86	474470.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27083.86	474470.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	104.40	950.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	104.40	950.30

**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 30
	<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. James E Albro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Intermountain Healthcare
 5252 Intermountain Dr PO Box 57970
 City Murray State UT Zip Code 84107-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Laboratory 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
 12 / 12 / 2011
Transaction ID : SA11AI.43988
 Amount of Each Receipt this Period
1000.00

B. Dr. Lee G Beckwith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Perryville Rd
 City Cape Girardeau State MO Zip Code 63701-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Missouri 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
 12 / 30 / 2011
Transaction ID : SA11AI.43991
 Amount of Each Receipt this Period
500.00

C. Dr. Jerry Hugo Broman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 Byers Ave
 City Chambersburg State PA Zip Code 17201-3817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chambersburg Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2011
Transaction ID : SA11AI.43997
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **1865.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas R Callihan MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2011
Mailing Address Trumbull Lab/ Ste #200 7550 Wolf River Blvd		Transaction ID : SA11AI.44003
City Germantown	State TN	Zip Code 38138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Group of the MidSouth	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Carmine J Cerra MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011
Mailing Address Lab Medical Director 206 E Brown St		Transaction ID : SA11AI.44009
City East Stroudsburg	State PA	Zip Code 18301-3006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Pocono Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. James M Crawford MD PhD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2011
Mailing Address 300 Community Dr		Transaction ID : SA11AI.44019
City Manhasset	State NY	Zip Code 11030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer North Shore Univ Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. David H Cresson Jr. MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1914 Thomson Dr
 City Lynchburg State VA Zip Code 24501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Baptist 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
 12 / 09 / 2011
Transaction ID : SA11AI.44021
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael A. Deck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6124 W Parker Rd Ste G36
 City Plano State TX Zip Code 75093-8124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MD Pathology 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
 12 / 29 / 2011
Transaction ID : SA11AI.44023
 Amount of Each Receipt this Period
 2500.00

C. Dr Paul S Dickman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path /Lab
 1919 E Thomas Rd
 City Phoenix State AZ Zip Code 85016-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phoenix Children's 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
 12 / 15 / 2011
Transaction ID : SA11AI.44024
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Andrew J. Evanger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1650 Cowles St
 City Fairbanks State AK Zip Code 99701-5925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairbanks 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
 12 / 09 / 2011
Transaction ID : SA11AI.44027
 Amount of Each Receipt this Period
500.00

B. Dr. Brendan T Fitzpatrick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1600 Haddon Ave
 City Camden State NJ Zip Code 08103-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Our Lady of Lourdes Med Ctr 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
 12 / 20 / 2011
Transaction ID : SA11AI.44031
 Amount of Each Receipt this Period
400.00

C. Dr. Raymond B Franklin MD PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Kuhl Ave
 City Orlando State FL Zip Code 32806-2093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Reg 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
 12 / 20 / 2011
Transaction ID : SA11AI.44033
 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: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Richard C. Friedberg MD PhD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2011 Transaction ID : SA11AI.44035
Mailing Address Chairman, Dept of Path 759 Chestnut St # C-1170		Amount of Each Receipt this Period 2500.00
City Springfield	State MA	Zip Code 01199-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Baystate Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph J. Goswitz MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011 Transaction ID : SA11AI.44045
Mailing Address 311 Woodlawn Ave		Amount of Each Receipt this Period 250.00
City Saint Paul	State MN	Zip Code 55105-1239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Randall C Hastedt MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2011 Transaction ID : SA11AI.44051
Mailing Address 8144 Linden Leaf Cir		Amount of Each Receipt this Period 500.00
City Columbus	State OH	Zip Code 43235-4617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mount Carmel St. Ann's Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Robert D Hoffman MD PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 472 Summit Oaks Dr
 City Nashville State TN Zip Code 37221-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Univ Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 17 / 2011**
Transaction ID : SA11AI.44057
 Amount of Each Receipt this Period **500.00**

B. Dr Jeffrey W Huser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Woodward PI NE
 City Albuquerque State NM Zip Code 87102-2705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TriCore Ref Labs Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 15 / 2011**
Transaction ID : SA11AI.44058
 Amount of Each Receipt this Period **100.00**

C. Dr. Michael E. Jackson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology 551 Hillcountry Dr
 City Kerrville State TX Zip Code 78028-5329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peterson Regional Medical Ctr. Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 29 / 2011**
Transaction ID : SA11AI.44062
 Amount of Each Receipt this Period **500.00**

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 12 OF 30
<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. E. Michael Kramer
Full Name (Last, First, Middle Initial)

Mailing Address Ste 120
3805 W Chester Pike

City Newtown Square State PA Zip Code 19073-2329

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

Name of Employer Institute for Dermatopathology, PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 07 / 2011
Transaction ID : SA11AI.44077

Amount of Each Receipt this Period
500.00

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

Mailing Address Dept Of Pathology
1 Baylor Plz

City Houston State TX Zip Code 77030-3498

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 ▼ 600.00

Date of Receipt
12 / 19 / 2011
Transaction ID : SA11AI.44081

Amount of Each Receipt this Period
100.00

C. Edward Loeb MD
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Pleasant

City Des Moines State IA Zip Code 50309

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

Name of Employer Iowa Methodist Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 29 / 2011
Transaction ID : SA11AI.44086

Amount of Each Receipt this Period
500.00

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 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Ann T Moriarty MD
Full Name (Last, First, Middle Initial)

Mailing Address 3643 Delaware Commons S Dr

City	State	Zip Code
Indianapolis	IN	46220-3743

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

Name of Employer	Occupation
AmeriPath Indiana	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
12	/	15	/	2011

Transaction ID : SA11AI.44095

Amount of Each Receipt this Period

100.00

B. Dr. Steven Frank O'Sheal MD
Full Name (Last, First, Middle Initial)

Mailing Address 1004 1st St N Ste 200

City	State	Zip Code
Alabaster	AL	35007-8796

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

Name of Employer	Occupation
Cytology & Pathology Services	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
12	/	26	/	2011

Transaction ID : SA11AI.44105

Amount of Each Receipt this Period

500.00

C. Dr. Nestor A. Pamatmat MD
Full Name (Last, First, Middle Initial)

Mailing Address 3333 N Seminary St

City	State	Zip Code
Galesburg	IL	61401-1251

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

Name of Employer	Occupation
OSF St. Mary Med Ctr	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
12	/	30	/	2011

Transaction ID : SA11AI.44107

Amount of Each Receipt this Period

500.00

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: PAGE 14 OF 30
(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

Full Name (Last, First, Middle Initial)
A. Mick Raich

Mailing Address 111 Giles Ave Apt C

City Blissfield State MI Zip Code 49228-1290

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

Name of Employer Vachette Pathology Occupation unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1890.00

Date of Receipt
12 / 15 / 2011
Transaction ID : SA11AI.44110

Amount of Each Receipt this Period
210.00

Full Name (Last, First, Middle Initial)
B. Dr. James Edward Richard DO

Mailing Address 2508 S Cedar St

City Lansing State MI Zip Code 48910

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

Name of Employer CAP Lab-PLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 02 / 2011
Transaction ID : SA11AI.44115

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Dr. Leeann M Rock MD

Mailing Address 5812 Western View Pl

City Mount Airy State MD Zip Code 21771-5802

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

Name of Employer Frederick Mem Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 29 / 2011
Transaction ID : SA11AI.44117

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1710.00

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 15 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR MARION M Rundell MD			Date of Receipt
Mailing Address PO Box 58744			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.44120
Houston	TX	77258-8744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="142.86"/>
Name of Employer	Occupation		
Clear Lake Pathology Partners LTD	Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="571.44"/>		

Full Name (Last, First, Middle Initial) B. Dr. Thomas H Rynalski MD			Date of Receipt
Mailing Address Dept of Path 4351 Tamiami Trl N			<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.44122
Naples	FL	34103-3106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Naples Pathology Assoc	Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) c. Dr. V. O. Speights Jr. DO			Date of Receipt
Mailing Address Department of Pathology 2401 S 31st St MS-01-266			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.44142
Temple	TX	76508-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
Scott and White Memorial Hosp	Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1142.86"/>
TOTAL 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 16 OF 30
	<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. Vathany Sriganeshan
 Full Name (Last, First, Middle Initial)
 Mailing Address Blum Bldg RM 2400
 4300 Alton Rd
 City Miami Beach State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt Sinai 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
 12 / 01 / 2011
Transaction ID : SA11AI.44145
 Amount of Each Receipt this Period
 500.00

B. Dr. Robert C Stern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Laboratory
 St Davids Georgetown Hospital
 City Georgetown State TX Zip Code 78626-7726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Davids Georgetown 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
 12 / 20 / 2011
Transaction ID : SA11AI.44147
 Amount of Each Receipt this Period
 500.00

C. Dr. Michael J Teaford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 10 Medical Park Dr
 City Asheville State NC Zip Code 28803-2493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathologists Med Lab PA 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
 12 / 30 / 2011
Transaction ID : SA11AI.44150
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr John Winbern Turner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Carbon Hill Dr
 City Midlothian State VA Zip Code 23113-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Lab Consultants Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 12 / 15 / 2011
Transaction ID : SA11AI.44151
 Amount of Each Receipt this Period
 125.00

B. Dr Emily Ellen Volk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3445 Executive Ctr Dr Ste 250
 City Austin State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Path Associates Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 12 / 15 / 2011
Transaction ID : SA11AI.44161
 Amount of Each Receipt this Period
 200.00

c. Dr. Elizabeth A Wagar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Lab Med Unit 24
 1515 Holcombe Blvd
 City Houston State TX Zip Code 77030-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTMD Anderson Cancer Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 01 / 2011
Transaction ID : SA11AI.44163
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Brian L Wilkinson MD

Mailing Address Dept of Path
 606 22nd Ave S

City Meridian State MS Zip Code 39301-6116

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

Name of Employer Diagnostic Tissue Cytology 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
 12 / 05 / 2011

Transaction ID : SA11AI.44167

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	21592.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris Ach Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : SB21B.44219

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 / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SB21B.44220

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

104.40

104.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 499 S. CAPITOL ST. S.W. #414

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2011
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : SB23.44174

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BLUMENTHAL FOR SENATE

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: CT District: 00

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : SB23.44176

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address 104 Hume Avenue`

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2011

Transaction ID : SB23.44205

Amount of Each Disbursement this Period

2000.00

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

8000.00

TOTAL 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)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address Attn: Jennifer Jones
P.O. Box 21027

City Washington State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : SB23.44180

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. FOR CONGRESS

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : SB23.44177

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : SB23.44182

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVID PRICE FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1986

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SB23.44206

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DAVID SCHWEIKERT FOR CONGRESS

Mailing Address 8776 E SHEA BLVD
SUITE B3A-626

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB23.44183

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB23.44184

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Redesignate:

Candidate Name

NY VICTORY FUND 2010

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 25

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2011

Transaction ID : SB23.44223

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : SB23.44185

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BOEHNER

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2011

Transaction ID : SB23.44208

Amount of Each Disbursement this Period

5000.00

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

6500.00

TOTAL 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)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LOIS CAPPES

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : SB23.44186

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: GA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : SB23.44187

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LEE TERRY FOR CONGRESS

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : SB23.44173

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEE TERRY FOR CONGRESS

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB23.44188

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SB23.44210

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARY'S PAC

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB23.44191

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address 217 Third St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : SB23.44194

Amount of Each Disbursement this Period

2000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. NY VICTORY FUND 2010

Mailing Address 10 G STREET, NE
SUITE 570

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Redesignate: RECOUNT FUND

Candidate Name

Office Sought: House Senate President
State: District: 25

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Recount

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2010			

Transaction ID : SB23.44222

Amount of Each Disbursement this Period

-5000.00

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : SB23.44195

Amount of Each Disbursement this Period

1000.00

Category/Type

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB23.44197

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : SB23.44212

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City FREMONT State CA Zip Code 94537

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : SB23.44198

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City State Zip Code
FREMONT CA 94537

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : SB23.44199

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. POMPEO FOR CONGRESS INC

Mailing Address P.O. Box 7557
Attn: Carmen Spence

City State Zip Code
Alington VA 22207

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: KS District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

Transaction ID : SB23.44213

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2011

Transaction ID : SB23.44200

Amount of Each Disbursement this Period

5000.00

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

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

7500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2011

Transaction ID : SB23.44215

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999
PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2011

Transaction ID : SB23.44201

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roskam for Congress

Mailing Address P.O. Box 713

City Wheaton State IL Zip Code 60189

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2011

Transaction ID : SB23.44203

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SOUTHERLAND FOR CONGRESS

Mailing Address 528 W BALDWIN ROAD

City PANAMA CITY State FL Zip Code 32405

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2011

Transaction ID : SB23.44216

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The MikeR Fund

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2011

Transaction ID : SB23.44217

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2011

Transaction ID : SB23.44218

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

67500.00
