



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		478752.69
(b) Cash on Hand at Beginning of Reporting Period.....	476888.09	
(c) Total Receipts (from Line 19) .....	21921.00	344678.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	498809.09	823430.69
7. Total Disbursements (from Line 31).....	66041.90	390663.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	432767.19	432767.19
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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**College of American Pathologists Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17376.00	263746.00
(ii) Unitemized .....	4545.00	80932.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21921.00	344678.00
(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) .....	21921.00	344678.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21921.00	344678.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21921.00	344678.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	41.90	881.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	41.90	881.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68500.00	408500.00
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 .....	-2500.00	-5000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-2500.00	-5000.00
29. Other Disbursements .....	0.00	-13718.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66041.90	390663.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66041.90	390663.50

**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) .....	21921.00	344678.00
34. Total Contribution Refunds (from Line 28(d)) .....	-2500.00	-5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24421.00	349678.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	41.90	881.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	41.90	881.50

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

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Robert M Bradley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 Union Ave Ste 300  
 City Memphis State TN Zip Code 38104-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duckworth Pathology Group Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2012  
**Transaction ID : SA11AI.47231**  
 Amount of Each Receipt this Period 500.00

**B. Dr. Sidney Ethan Carpenter MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path Yosemite 1 Lab 7300 N Fresno St  
 City Fresno State CA Zip Code 93720-2941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Med Ctr Fresno Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.47307**  
 Amount of Each Receipt this Period 500.00

**C. Dr. Victor Casas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 65 James St  
 City Edison State NJ Zip Code 08820-3947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JFK Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 601.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.47314**  
 Amount of Each Receipt this Period 601.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1601.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 7 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Michael B Cohen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 Circle of Hope N3170  
 City State Zip Code  
 Salt Lake City UT 84112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Huntsman Cancer Hospital 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  
 10 / 02 / 2012  
**Transaction ID : SA11AI.47233**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Jessica M Comstock MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 100 Mario Capecchi Dr  
 City State Zip Code  
 Salt Lake City UT 84113-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Primary Children's Medical Center 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  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47316**  
 Amount of Each Receipt this Period  
 1000.00

**c. Dr. Stephen G Connolly MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Stockton Path  
 1800 N California St  
 City State Zip Code  
 Stockton CA 95204-6019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Joseph's Medical Center 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  
 10 / 15 / 2012  
**Transaction ID : SA11AI.47357**  
 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: PAGE 8 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Thomas J Cooper Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5620 E El Parque St  
 City Long Beach State CA Zip Code 90815-4129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : SA11AI.47340**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Jeffrey Gaston Detweiler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Harris Pkwy  
 City Fort Worth State TX Zip Code 76132-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Health Southwest Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : SA11AI.47341**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Rosemary E. Detweiler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 6100 Harris Pkwy  
 City Fort Worth State TX Zip Code 76132-4101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Health Southwest Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : SA11AI.47342**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Edward Ewing DO</b>		Date of Receipt
Mailing Address Lab 405 W Grand Ave		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City Dayton	State OH	Zip Code 45405-4720
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.47320</b>
Name of Employer Grandview Hospital and Med Ctr		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="1500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas S. Haas DO</b>		Date of Receipt
Mailing Address Department of Pathology 1000 Mineral Point Ave		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Janesville	State WI	Zip Code 53548-2940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.47328</b>
Name of Employer Mercy Hospital		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael Andrew Huening MD,PhD</b>		Date of Receipt
Mailing Address WakeMed Health AND Hospitals 3000 New Bern Ave		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City Raleigh	State NC	Zip Code 27610-1231
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.47322</b>
Name of Employer WakeMed Cary Hospital		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="2000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3550.00"/>
<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: PAGE 10 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Walter Martin Klein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 130 S Bryn Mawr Ave  
 City Bryn Mawr State PA Zip Code 19010-3121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bryn Mawr Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2012  
**Transaction ID : SA11AI.47237**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Lynn L Kleopfer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Portland St  
 City Columbia State MO Zip Code 65201-6525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boyce & Bynum Pathology Labs PC Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47295**  
 Amount of Each Receipt this Period  
**250.00**

**C. Dr. Stewart M Knoepp MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Laurin Dr  
 City Ann Arbor State MI Zip Code 48105-3057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47297**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 11 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Roger C Mathewson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Laboratory Medical Director  
 401 N Ewing St  
 City Lancaster State OH Zip Code 43130-3372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fairfield Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : SA11AI.47361**  
 Amount of Each Receipt this Period  
**750.00**

**B. Dr. Julia E. Mooney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2036 Railroad Ave  
 City Redding State CA Zip Code 96001-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shasta Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2012  
**Transaction ID : SA11AI.47254**  
 Amount of Each Receipt this Period  
**250.00**

**c. Dr. Robert Joseph Murphy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1726 Shawano Ave  
 City Green Bay State WI Zip Code 54303-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Mary's Hospital Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47303**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1300.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 12 OF 29  
(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. Dr Bahram R Oliai MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address IHC Laboratory  
1355 River Bend Dr  
City Dallas State TX Zip Code 75247-4915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Propath Lab Inc Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 15 / 2012  
**Transaction ID : SA11AI.47355**  
Amount of Each Receipt this Period 250.00

**B. Dr. Yao Cheng Ong MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5542 High St  
City New Port Richey State FL Zip Code 34652-4026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer unaffiliated Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.47299**  
Amount of Each Receipt this Period 250.00

**c. Dr. Charles F Romberger MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Lab  
555 N Duke St  
City Lancaster State PA Zip Code 17602-2250  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lancaster General Hospital Occupation Pathologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 10 / 2012  
**Transaction ID : SA11AI.47260**  
Amount of Each Receipt this Period 1000.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Rachel L Rucker-Schmidt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3413 Southwestern Blvd  
 City Dallas State TX Zip Code 75225-7656  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47308**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Katherine M Scott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 5301 E Grant Rd  
 City Tucson State AZ Zip Code 85712-2805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Intersociety Council For Pathology Inf 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  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47310**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. Mary Ann Sens MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address School of Medicine Hlth Sci Dept of Path Rm 3133 Stop 9037, 50  
 City Grand Forks State ND Zip Code 58203-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of North Dakota School of Medicin Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47318**  
 Amount of Each Receipt this Period  
 1000.00

**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: PAGE 14 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Marcia Catherine Shattuck MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 Connable Ave  
 City Petoskey State MI Zip Code 49770-2212  
 Name of Employer McLaren Northern Michigan Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 10 / 2012  
**Transaction ID : SA11AI.47258**  
 Amount of Each Receipt this Period 400.00

**B. DR GREGORY J Skarulis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 206 2nd St E  
 City Bradenton State FL Zip Code 34208-1042  
 Name of Employer Manatee Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.47311**  
 Amount of Each Receipt this Period 500.00

**C. Dr. Matthew James Snyder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pathology Dept 3000 New Bern Ave  
 City Raleigh State NC Zip Code 27610-1231  
 Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 10 / 15 / 2012  
**Transaction ID : SA11AI.47351**  
 Amount of Each Receipt this Period 175.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1075.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 15 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Susan L. Speaks MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1133 College Ave Bldg B-131  
 City Manhattan State KS Zip Code 66502-2770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peterson Laboratory Services Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.47301**  
 Amount of Each Receipt this Period 250.00

**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 ▼ 1000.00

Date of Receipt 10 / 10 / 2012  
**Transaction ID : SA11AI.47261**  
 Amount of Each Receipt this Period 1000.00

**C. Dr. Ann Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 8th Ave & C St  
 City Salt Lake City State UT Zip Code 84143-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LDS Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.47305**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Elmer Noel Thompson III MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab  
 12500 Willowbrook Rd  
 City Cumberland State MD Zip Code 21502-6393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2012  
**Transaction ID : SA11AI.47256**  
 Amount of Each Receipt this Period  
**250.00**

**B. 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : SA11AI.47312**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Ronald L. Weiss MD,MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 500 Chipeta Way  
 City Salt Lake City State UT Zip Code 84108-1221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ARUP Laboratories Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012  
**Transaction ID : SA11AI.47359**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 17 OF 29  
(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. Nancy A Young MD**

Mailing Address Path and Lab Med  
 5501 Old York Rd

City Philadelphia State PA Zip Code 19141-3018

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

Name of Employer Albert Einstein Med Ctr Occupation Pathologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : SA11AI.47234**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17376.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Moneris ACH 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  
10 / 03 / 2012

**Transaction ID : SB21B.47413**

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

**B.**

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

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)..... ▶

41.90

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

41.90

**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. BASS VICTORY COMMITTEE**

Mailing Address PO Box 3451  
PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47392**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. BEN CARDIN FOR SENATE**

Mailing Address PO BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47373**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 108

City GLADSTONE State MI Zip Code 49837

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47393**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9000.00
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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. BOOZMAN FOR ARKANSAS**

Mailing Address PO BOX 671

City ROGERS State AR Zip Code 72757

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47374**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COTTON FOR CONGRESS**

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47375**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ND District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47395**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00
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**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. DENNY HECK FOR CONGRESS**

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.47377**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DENNY HECK FOR CONGRESS**

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.47397**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR CHRIS STEWART, INC.**

Mailing Address 542 E LAKEVIEW WAY

City FARMINGTON State UT Zip Code 84025

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.47398**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	5	0	0	.	0	0
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5	5	0	0	.	0	0
---	---	---	---	---	---	---

**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 MARIA**

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47379**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SHERROD BROWN**

Mailing Address P.O. BOX 76187

City Washingt State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47381**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. GEORGE HOLDING FOR CONGRESS**

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47382**

Amount of Each Disbursement this Period

2000.00
---------

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

7500.00
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**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. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47401**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JON RUNYAN FOR CONGRESS, INC**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47402**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LATTA FOR CONGRESS**

Mailing Address 900 19TH STREET  
NW 8TH FLR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2012			

**Transaction ID : SB23.47364**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
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**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. 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	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47384**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. LONE STAR LEADERSHIP PAC**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Other

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47412**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47403**

Amount of Each Disbursement this Period

3000.00
---------

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

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

10500.00
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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. MARTIN HEINRICH FOR SENATE**

Mailing Address P.O. BOX 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47385**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. MCNERNEY FOR CONGRESS**

Mailing Address PO BOX 690371

City STOCKTON State CA Zip Code 95269

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47405**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MENENDEZ FOR SENATE**

Mailing Address PO BOX 32248

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47386**

Amount of Each Disbursement this Period

2500.00
---------

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

6000.00
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**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. MIKE MCINTYRE FOR CONGRESS**

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2012			

**Transaction ID : SB23.47406**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2012			

**Transaction ID : SB23.47391**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2012			

**Transaction ID : SB23.47368**

Amount of Each Disbursement this Period

1000.00
---------

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

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

5500.00
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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. SHORE PAC**

Mailing Address PO. Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **OTHER**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2012

**Transaction ID : SB23.47369**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City State Zip Code  
VICTOR NY 14564

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **OTHER**

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2012

**Transaction ID : SB23.47409**

Amount of Each Disbursement this Period

2,500.00
----------

Full Name (Last, First, Middle Initial)

**C. WHITEHOUSE FOR SENATE**

Mailing Address PO BOX 40280

City State Zip Code  
PROVIDENCE RI 02940

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **OTHER**

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2012

**Transaction ID : SB23.47389**

Amount of Each Disbursement this Period

1,000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8,500.00
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**TOTAL** This Period (last page this line number only)..... ▶

8,500.00
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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. WICKER FOR SENATE**

Mailing Address PO BOX 64

City JACKSON State MS Zip Code 39205

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2012

**Transaction ID : SB23.47390**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. WOMACK FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2012

**Transaction ID : SB23.47410**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

68500.00
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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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" 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. Hoyer for Congress**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Refund of Excesss Contribution - Ch 2508

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : SB28B.47414**

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

**B.**

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

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)..... ▶

-2500.00

-2500.00