



**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.....	524847.29	
(c) Total Receipts (from Line 19) .....	54425.00	86906.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	579272.29	565658.69
7. Total Disbursements (from Line 31).....	127580.40	113966.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	451691.89	451691.89
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)

Page 3

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).....	33200.00	56450.00
(ii) Unitemized .....	21225.00	30456.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	54425.00	86906.00
(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) .....	54425.00	86906.00
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))..... ▶	54425.00	86906.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	54425.00	86906.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	80.40	184.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	80.40	184.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	127500.00	127500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	-13718.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	127580.40	113966.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127580.40	113966.80

**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) .....	54425.00	86906.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54425.00	86906.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	80.40	184.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	80.40	184.80

**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 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John B Alexis MBChB</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2012 <b>Transaction ID : SA11AI.45408</b>
Mailing Address Path 4300 Alton Rd		Amount of Each Receipt this Period 500.00
City Miami Beach	State Zip Code FL 33140-2800	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Mt Sinai Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. George Abcar Bannayan MD</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2012 <b>Transaction ID : SA11AI.45401</b>
Mailing Address 8026 Floyd Curl Dr		Amount of Each Receipt this Period 250.00
City San Antonio	State Zip Code TX 78229-3915	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jiri Biorn Bedrnicek MD</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 <b>Transaction ID : SA11AI.45402</b>
Mailing Address The Pathology Ctr 8303 Dodge St		Amount of Each Receipt this Period 250.00
City Omaha	State Zip Code NE 68114-4108	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<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. Sharon K Bihlmeyer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7200 Hickory Creek Dr  
 City Dexter State MI Zip Code 48130  
 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 02 / 20 / 2012  
**Transaction ID : SA11AI.45534**  
 Amount of Each Receipt this Period 250.00

**B. Dr. John W Bishop MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UC Davis Medical Center Dept of Medical Pathology  
 City Sacramento State CA Zip Code 95817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UC Davis Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 27 / 2012  
**Transaction ID : SA11AI.45496**  
 Amount of Each Receipt this Period 500.00

**C. Dr. David Scott Brink MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Med Ctr Path RM G325 1465 S Grand Blvd  
 City Saint Louis State MO Zip Code 63104-1003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SSM Cardinal Glennon Children's Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 10 / 2012  
**Transaction ID : SA11AI.45463**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<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. Brett B. Cantrell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1 Shircliff Way  
 City Jacksonville State FL Zip Code 32204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Vincent's Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 27 / 2012**  
**Transaction ID : SA11AI.45473**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Samuel K Caughron MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2750 Clay Edwards Dr Ste 420  
 City North Kansas City State MO Zip Code 64116-3258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shawnee Mission Medical Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2012**  
**Transaction ID : SA11AI.45456**  
 Amount of Each Receipt this Period  
**500.00**

**c. Dr. Dwayne K Crabtree MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 W 10th St  
 City Rolla State MO Zip Code 65401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phelps County 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  
**02 / 20 / 2012**  
**Transaction ID : SA11AI.45436**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 47  
(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. John Frederick Dauterman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 2700 NW Stewart Pkwy  
 City Roseburg State OR Zip Code 97471-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy 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  
 02 / 08 / 2012  
**Transaction ID : SA11AI.45397**  
 Amount of Each Receipt this Period  
 400.00

**B. Dr. DeWitt S Davenport MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5013 Oakmont  
 City Harlingen State TX Zip Code 78552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctors Hosp at Renaissance 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  
 02 / 27 / 2012  
**Transaction ID : SA11AI.45332**  
 Amount of Each Receipt this Period  
 500.00

**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  
 02 / 15 / 2012  
**Transaction ID : SA11AI.45437**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<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. Virginia Marilyn Donovan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Pine Dr N  
 City Roslyn State NY Zip Code 11576-2037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winthrop Univ Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : SA11AI.45531**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Keith Lawton Duncan MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department Of Pathology  
 1501 Trousdale Dr  
 City Burlingame State CA Zip Code 94010-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peninsula Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2012  
**Transaction ID : SA11AI.45433**  
 Amount of Each Receipt this Period  
 250.00

**C. Rosana Eisenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 MCN C-2310A  
 City Nashville State TN Zip Code 37232-0011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt University Medical Center 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  
 02 / 29 / 2012  
**Transaction ID : SA11AI.45524**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 47
	<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. David J. Eisenstein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
1 Medical Village Dr

City Edgewood State KY Zip Code 41017-3403

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

Name of Employer St Elizabeth Hlthcare-Edgewood Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 20 / 2012  
**Transaction ID : SA11AI.45467**

Amount of Each Receipt this Period  
500.00

**B. Ludmila Epshteyn**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fogg Rd

City Weymouth State MA Zip Code 02190-2455

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

Name of Employer South Shore Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
02 / 07 / 2012  
**Transaction ID : SA11AI.45459**

Amount of Each Receipt this Period  
350.00

**C. Dr. Janice E. Errick , MD,PhD**  
Full Name (Last, First, Middle Initial)

Mailing Address 521 East Ave

City Lockport State NY Zip Code 14094-3201

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

Name of Employer Lockport Memorial Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 20 / 2012  
**Transaction ID : SA11AI.45380**

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
	<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. Joan E Etzell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Clin Lab M524 Box 0100  
505 Parnassus Ave

City San Francisco State CA Zip Code 94143-2204

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

Name of Employer Univ of California San Francisco Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 09 / 2012  
**Transaction ID : SA11AI.45503**

Amount of Each Receipt this Period  
400.00

**B. Dr. Mercedes A Fernandez MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5215 Turkey Lake Rd

City Orlando State FL Zip Code 32819-7444

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

Name of Employer Ameripath Kissimmee Path Off Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 20 / 2012  
**Transaction ID : SA11AI.45285**

Amount of Each Receipt this Period  
300.00

**C. Dr. Marc R Filstein , MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16052

City Reading State PA Zip Code 19612-6052

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

Name of Employer Reading Hospital & Medical Center Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 10 / 2012  
**Transaction ID : SA11AI.45448**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 47
	<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. Stephany E Fiore MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 Broadway Ste 100  
 City Sacramento State CA Zip Code 95820-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer County of Sacramento Coroner's Office Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 09 / 2012**  
**Transaction ID : SA11AI.45327**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Jean Elizabeth Forsberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20276 E 1110 Rd  
 City Elk City State OK Zip Code 73644-6405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great Plains Reg Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 28 / 2012**  
**Transaction ID : SA11AI.45351**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Robert Almond Fouty MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24217 96th PI SW  
 City Vashon State WA Zip Code 98070-7018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Laboratory Assoc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 10 / 2012**  
**Transaction ID : SA11AI.45393**  
 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: (check only one)	PAGE 14 OF 47
	<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
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		<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 M. Futoran MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2130  
 City Clovis State CA Zip Code 93613-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 08 / 2012**  
**Transaction ID : SA11AI.45430**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. John Daniel Gentry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8303 Dodge St  
 City Omaha State NE Zip Code 68114-4199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska Methodist Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 07 / 2012**  
**Transaction ID : SA11AI.45415**  
 Amount of Each Receipt this Period **250.00**

**c. Dr. Robert George Gurdak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 1350 E Market St  
 City Warren State OH Zip Code 44483-6608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trumbull Memorial Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 03 / 2012**  
**Transaction ID : SA11AI.45494**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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 R. Harbour MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 Wellfield Rd  
 City Manakin Sabot State VA Zip Code 23103-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bon Secours St. Mary's Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2012  
**Transaction ID : SA11AI.45300**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Jason Paul Heese MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path 900 Illinois St  
 City Stevens Point State WI Zip Code 54481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Michael's Hosp 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  
 02 / 10 / 2012  
**Transaction ID : SA11AI.45471**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Thomas E. Higgins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology 400 E Main St  
 City Mount Kisco State NY Zip Code 10549-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern Westchester Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2012  
**Transaction ID : SA11AI.45420**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 16 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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

**A. Dr. Ernest Neil Holburt , MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
25470 Medical Center Dr

City Murrieta State CA Zip Code 92562-4901

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

Name of Employer Med Lab Svcs Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 20 / 2012  
**Transaction ID : SA11AI.45392**

Amount of Each Receipt this Period  
250.00

**B. Dr. Paul R Holzman 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 Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 09 / 2012  
**Transaction ID : SA11AI.45478**

Amount of Each Receipt this Period  
300.00

**C. Dr. Andrew Carl Hoot MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 3501 S Soncy Rd

City Amarillo State TX Zip Code 79119-6407

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

Name of Employer Amarillo Pathology Group LLP Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 10 / 2012  
**Transaction ID : SA11AI.45281**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Lydia H Howard MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
4300 Alton Rd

City Miami Beach State FL Zip Code 33140-2800

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  
02 / 06 / 2012  
**Transaction ID : SA11AI.45409**

Amount of Each Receipt this Period  
500.00

**B. Irving Hwang**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
718 N Macomb St

City Monroe State MI Zip Code 48162-7815

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

Name of Employer Mercy Mem Hosp Lab Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 08 / 2012  
**Transaction ID : SA11AI.45399**

Amount of Each Receipt this Period  
250.00

**C. Dr. Michael Patrick Johnson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 503 E Thomason Cir

City Opelika State AL Zip Code 36801-5431

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

Name of Employer Lee Pathology Lab LLP Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 08 / 2012  
**Transaction ID : SA11AI.45377**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
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	<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. Rebecca L. Johnson MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Path & Clin Labs  
725 North St  
City Pittsfield State MA Zip Code 01201-4109

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

Name of Employer Berkshire Health Systems Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2012  
**Transaction ID : SA11AI.45297**

Amount of Each Receipt this Period  
1000.00

**B. S. N. Levi Jones**

Full Name (Last, First, Middle Initial)  
Mailing Address Department of Pathology  
1102 W. Mac Arthur  
City Shawnee State OK Zip Code 74804

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

Name of Employer Unity Health Center Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2012  
**Transaction ID : SA11AI.45502**

Amount of Each Receipt this Period  
300.00

**c. Dr. Carolyn S Katzen , MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
1364 Clifton Rd NE Ste C179  
City Atlanta State GA Zip Code 30322-1064

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

Name of Employer Emory Univ Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2012  
**Transaction ID : SA11AI.45341**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Ernest H Kawamoto MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2624 57th St SW  
 City Everett State WA Zip Code 98203-1473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cellnetix Pathology and Laboratories Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 07 / 2012  
**Transaction ID : SA11AI.45307**  
 Amount of Each Receipt this Period 250.00

**B. Dr. Lawrence C. Kenyon MD,PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 S 10th St  
 City Philadelphia State PA Zip Code 19107-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Jefferson University Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 10 / 2012  
**Transaction ID : SA11AI.45493**  
 Amount of Each Receipt this Period 250.00

**C. Dr. Timothy F. Kolda MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 Research Plz  
 City San Antonio State TX Zip Code 78235-5154  
 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 500.00

Date of Receipt 02 / 20 / 2012  
**Transaction ID : SA11AI.45318**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
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	<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. Linton L. Kuchler MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept. of Pathology  
743 Spring St NE

City Gainesville State GA Zip Code 30501-3715

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

Name of Employer Northeast Georgia Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2012

**Transaction ID : SA11AI.45419**

Amount of Each Receipt this Period  
500.00

**B. Dr. Barry P Latner MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Pathology  
2540 East Street

City Concord State CA Zip Code 94520

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

Name of Employer John Muir Med Ctr-Concord Campus Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2012

**Transaction ID : SA11AI.45365**

Amount of Each Receipt this Period  
250.00

**C. Dr. Patrick A Leoni , MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 1437 Denmark St

City Sonoma State CA Zip Code 95476-9607

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

Name of Employer Sutter Solano Laboratory Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2012

**Transaction ID : SA11AI.45485**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 47  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
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**A. Dr. Rodger P Lewis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 870  
 1209 Bishop ST  
 City Union City State TN Zip Code 38281-0870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Memorial Hosp-Union City 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  
**02 / 16 / 2012**  
**Transaction ID : SA11AI.45294**  
 Amount of Each Receipt this Period  
**300.00**

**B. Dr. Jeffrey H Loose MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Taylor Laboratory  
 175 E Chester Pk  
 City Ridley Park State PA Zip Code 19078-2214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Taylor Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2012**  
**Transaction ID : SA11AI.45486**  
 Amount of Each Receipt this Period  
**250.00**

**C. Dr. Lisa Lynn Lyons MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address United Hosp Lab  
 333 Smith Ave N  
 City Saint Paul State MN Zip Code 55102-2344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hosp 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  
**02 / 10 / 2012**  
**Transaction ID : SA11AI.45358**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
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	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Jory G Magidson MD</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2012 <b>Transaction ID : SA11AI.45405</b>
Mailing Address Dept of Path 100 Madison Ave		Amount of Each Receipt this Period 300.00
City Morristown	State Zip Code NJ 07960-6136	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Morristown Mem Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alvin W. Martin MD</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2012 <b>Transaction ID : SA11AI.45421</b>
Mailing Address Cpa Laboratory 2307 Greene Way		Amount of Each Receipt this Period 500.00
City Louisville	State Zip Code KY 40220-4009	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Norton Healthcare	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Dr. Thomas Charles Martin Jr., MD</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2012 <b>Transaction ID : SA11AI.45482</b>
Mailing Address Dept of Path PO Box 1489		Amount of Each Receipt this Period 750.00
City Albemarle	State Zip Code NC 28002-1489	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00
Name of Employer Stanly Reg Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 47
	<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. Dina Rustom Mody MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6565 Fannin St M227  
 City Houston State TX Zip Code 77030-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Methodist Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 29 / 2012**  
**Transaction ID : SA11AI.45490**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. David P. Nicholson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 Dupont Dr  
 City Pensacola State FL Zip Code 32503-4211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Santa Rosa Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 20 / 2012**  
**Transaction ID : SA11AI.45455**  
 Amount of Each Receipt this Period **250.00**

**c. Dr. Lyle J Noordhoek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2509 Felten Dr  
 City Hays State KS Zip Code 67601-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Quest Diagnostics Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 16 / 2012**  
**Transaction ID : SA11AI.45443**  
 Amount of Each Receipt this Period **400.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47
	<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. Sarah J. Olenick MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6400 Clubside Dr  
 City Whitsett State NC Zip Code 27377-9227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lab Corp of America 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  
 02 / 16 / 2012  
**Transaction ID : SA11AI.45371**  
 Amount of Each Receipt this Period  
 500.00

**B. Yumna Omarzai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path Blum Bldg Ste 2400  
 4300 Alton Rd  
 City Miami 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 / D D / Y Y Y Y Y Y  
 02 / 06 / 2012  
**Transaction ID : SA11AI.45410**  
 Amount of Each Receipt this Period  
 500.00

**c. Dr. Cooley G Pantazis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2240 SE 5th St  
 City Ocala State FL Zip Code 34471-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hemacon Laboratories LLC 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  
 02 / 10 / 2012  
**Transaction ID : SA11AI.45357**  
 Amount of Each Receipt this Period  
 500.00

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



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

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

FOR LINE NUMBER: PAGE 25 OF 47  
(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. Joon Man Park MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 269 Portland Way S  
 City Galion State OH Zip Code 44833-2399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morrow Cnty Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : SA11AI.45406**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Moon Soo Park MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 Diamond Head Rd  
 City Honolulu State HI Zip Code 96815-4719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinical Lab of Hawaii 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  
 02 / 03 / 2012  
**Transaction ID : SA11AI.45317**  
 Amount of Each Receipt this Period  
 300.00

**c. Dr. Laurence P. Parmer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Fairway Ct Apt D  
 City Lakewood State NJ Zip Code 08701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : SA11AI.45549**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47
	<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. James Arthur Paulson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Anthwyn Rd  
 City Narberth State PA Zip Code 19072-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bryn Mawr Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2012  
**Transaction ID : SA11AI.45305**  
 Amount of Each Receipt this Period 250.00

**B. Dr. Alexander David Pederson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pathology 211 S 3rd St  
 City Belleville State IL Zip Code 62220-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Elizabeth Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2012  
**Transaction ID : SA11AI.45468**  
 Amount of Each Receipt this Period 250.00

**C. Dr. Volney Eugene Pierce Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 River Oaks Dr Ste 160  
 City Flowood State MS Zip Code 39232-9500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer River Oaks Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2012  
**Transaction ID : SA11AI.45452**  
 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: (check only one)	PAGE 27 OF 47
	<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. Britton L. Pilcher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Laboratory  
 1601 Watson Blvd  
 City Warner Robins State GA Zip Code 31093-3431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Houston Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : SA11AI.45360**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Robert J Poppiti Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path  
 4300 Alton Rd Blum  
 City Miami Beach State FL Zip Code 33140-2800  
 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  
 02 / 06 / 2012  
**Transaction ID : SA11AI.45411**  
 Amount of Each Receipt this Period  
**500.00**

**C. Dr. Michelle Leigh Ehrlich Powers MD,MBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 4300 W Memorial Rd  
 City Oklahoma City State OK Zip Code 73120-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Hlth 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  
 02 / 08 / 2012  
**Transaction ID : SA11AI.45395**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mazhar Rishi</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2012 <b>Transaction ID : SA11AI.45469</b>
Mailing Address 701 N Clayton St		Amount of Each Receipt this Period 300.00
City Wilmington	State DE	Zip Code 19805
FEC ID number of contributing federal political committee. C		
Name of Employer St. Francis Hosp	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) <b>B. Dr. James A Robb MD</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2012 <b>Transaction ID : SA11AI.45552</b>
Mailing Address 11613 Kensington Ct		Amount of Each Receipt this Period 500.00
City Boca Raton	State FL	Zip Code 33428-2415
FEC ID number of contributing federal political committee. C		
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Morton J Robinson MD</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2012 <b>Transaction ID : SA11AI.45412</b>
Mailing Address Path Dept 4300 Alton Rd		Amount of Each Receipt this Period 500.00
City Miami Beach	State FL	Zip Code 33140-2800
FEC ID number of contributing federal political committee. C		
Name of Employer Mt Sinai Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47
	<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. Michael C Royer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 12th St NE  
 City Washington State DC Zip Code 20002-6320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walter Reed Natl Military Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 10 / 2012**  
**Transaction ID : SA11AI.45525**  
 Amount of Each Receipt this Period **250.00**

**B. Dr. Sateesh K Satchidanand MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2605 Harlem Rd  
 City Cheektowaga State NY Zip Code 14225-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 03 / 2012**  
**Transaction ID : SA11AI.45476**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Clifford D. Sauls MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4899 Montrose Blvd Apt 1510  
 City Houston State TX Zip Code 77006-6170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Houston Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 08 / 2012**  
**Transaction ID : SA11AI.45361**  
 Amount of Each Receipt this Period **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 30 OF 47  
(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 F. Schaldenbrand MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 PO Box 2500  
 City Dearborn State MI Zip Code 48123-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oakwood Hosp & Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.45422**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Suzanne M Selvaggi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Clinical Laboratories  
 600 Highland Ave  
 City Madison State WI Zip Code 53792-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Wisconsin Hosp & Clinics Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : SA11AI.45515**  
 Amount of Each Receipt this Period  
**250.00**

**C. Suash Sharma**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Pathology, BAE 2575  
 1120 15th St  
 City Augusta State GA Zip Code 30912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Med College of Georgia 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  
 02 / 08 / 2012  
**Transaction ID : SA11AI.45348**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 47
	<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 W Skinner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 300 Main St  
 City Lewiston State ME Zip Code 04240-7027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Maine 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  
**02 / 10 / 2012**  
**Transaction ID : SA11AI.45309**  
 Amount of Each Receipt this Period  
**400.00**

**B. Dr. Randall Sawyer Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 Bayvista  
 City Brandon State MS Zip Code 39047-8654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Dominic-Jackson Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 27 / 2012**  
**Transaction ID : SA11AI.45466**  
 Amount of Each Receipt this Period  
**250.00**

**c. Dr. Gregory N Sossaman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab Admin  
 1514 Jefferson Hwy  
 City New Orleans State LA Zip Code 70121-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Medical 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  
**02 / 08 / 2012**  
**Transaction ID : SA11AI.45423**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1150.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 47
	<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. James H Spigel MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path  
1100 Central Ave SE

City Albuquerque State NM Zip Code 87106-4930

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

Name of Employer Presbyterian Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 28 / 2012  
**Transaction ID : SA11AI.45439**

Amount of Each Receipt this Period  
300.00

**B. Dr. Richard D Strom MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Path Dept  
501 Summit St

City Yankton State SD Zip Code 57078-3855

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

Name of Employer Avera Sacred Heart Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 27 / 2012  
**Transaction ID : SA11AI.45290**

Amount of Each Receipt this Period  
250.00

**C. Dr. Sharon Lynn Swierczynski MD,PhD**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 16052  
6th Ave & Spruce St

City Reading State PA Zip Code 19612

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

Name of Employer The Reading Hosp & Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 20 / 2012  
**Transaction ID : SA11AI.45491**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 33 OF 47
	<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. Matt Tannenbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 7395 S Cliffside Ln

City Idaho Falls State ID Zip Code 83406-8384

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

Name of Employer Eastern Idaho Regional Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2012  
**Transaction ID : SA11AI.45336**

Amount of Each Receipt this Period  
 250.00

**B. Dr. Jeffrey J. Tarrand MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Microbiology  
 1515 Holcombe Blvd Unit 084 Rm 171

City Houston State TX Zip Code 77030-4000

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : SA11AI.45523**

Amount of Each Receipt this Period  
 250.00

**C. Lawrence Tsao**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Malcolm Ave

City Teterboro State NJ Zip Code 07608-1011

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

Name of Employer Quest Diagnostics, Inc Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : SA11AI.45446**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. J. Allan Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 2451 Fillingim Street  
 City State Zip Code  
 Mobile AL 36617-2293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of S Alabama Med Ctr Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : SA11AI.45512**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Matthew H Twohig MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Laboratory  
 2400 N Rockton Ave  
 City State Zip Code  
 Rockford IL 61103-3655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rockford Mem Hosp Pathologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.45454**  
 Amount of Each Receipt this Period  
 350.00

**C. Dr. Stephen Christopher Ward MD, PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Annenberg Bldg/Dept of Path  
 One Gustave L Levy Place  
 City State Zip Code  
 New York NY 10029-6500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mt. Sinai School of Medicine 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  
 02 / 07 / 2012  
**Transaction ID : SA11AI.45413**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 47
	<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**

Full Name (Last, First, Middle Initial) <b>A. Brian Watson</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 <b>Transaction ID : SA11AI.45333</b>
Mailing Address 1 Riverside Ctr Ste 105		Amount of Each Receipt this Period 250.00
City Roanoke	State VA	Zip Code 24083
FEC ID number of contributing federal political committee. C	Name of Employer Dominion Pathology Associates	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>B. Dr. Alice L Werner MD</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2012 <b>Transaction ID : SA11AI.45312</b>
Mailing Address 1418 N Veaux Loop		Amount of Each Receipt this Period 250.00
City Norfolk	State VA	Zip Code 23509-1258
FEC ID number of contributing federal political committee. C	Name of Employer Children's Hosp of the Kings Daughters	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>C. Dr. Monte S Willis MD, PhD</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 <b>Transaction ID : SA11AI.45517</b>
Mailing Address Dept Path & Lab Med 103 Mason Farm Rd		Amount of Each Receipt this Period 250.00
City Chapel Hill	State NC	Zip Code 27599-7525
FEC ID number of contributing federal political committee. C	Name of Employer University of North Carolina	Occupation Pathologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 47  
(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. Howard W Wright III, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4864 Jackson St  
 City State Zip Code  
 Monroe LA 71202-6400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LSU-E A Conway Med Ctr Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.45384**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Thomas W Young MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12717 Oakmont Dr  
 City State Zip Code  
 Kansas City MO 64145-1140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Heartland Forensic Pathology LLC Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : SA11AI.45356**  
 Amount of Each Receipt this Period  
 350.00

**C. Shourong Zhao**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 0951  
 710 Center St  
 City State Zip Code  
 Columbus GA 31902-0951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Medical Center 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  
 02 / 27 / 2012  
**Transaction ID : SA11AI.45489**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33200.00

**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 Discount

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2012

**Transaction ID : SB21B.45559**

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) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2012

**Transaction ID : SB21B.45560**

Amount of Each Disbursement this Period

38.50

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

80.40

80.40

**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. BADGERPAC**

Mailing Address 1831 Bay Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2012

**Transaction ID : SB23.45561**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BEN CARDIN FOR SENATE**

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: MD District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2012

**Transaction ID : SB23.45562**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. BILL KEATING COMMITTEE; THE**

Mailing Address 209 PENNSYLVANIA AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: MA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45599**

Amount of Each Disbursement this Period

1500.00

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

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

10000.00

# 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. BILL KEATING COMMITTEE; THE

Mailing Address 209 PENNSYLVANIA AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2012

Transaction ID : SB23.45600

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2012

Transaction ID : SB23.45563

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

### C. COMMON VALUES PAC

Mailing Address 4096 VIRGINIA AVE

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2012

Transaction ID : SB23.45564

Amount of Each Disbursement this Period

3000.00
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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. 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: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45565**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capital Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45566**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. ERIC PAC**

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45567**

Amount of Each Disbursement this Period

5000.00

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

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

25000.00



**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. FARM PAC**

Mailing Address 675 N Washington St  
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

**Transaction ID : SB23.45568**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. FREEDOM FUND**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

**Transaction ID : SB23.45569**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address C/O CAROLE GOES & ASSOCIATES  
1707 PRINCE ST #5

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

**Transaction ID : SB23.45573**

Amount of Each Disbursement this Period

5,000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00
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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. FRIENDS OF MAX BAUCUS**

Mailing Address 122 C STREET, NW  
SUITE 505

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

Transaction ID : SB23.45575

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAX BAUCUS**

Mailing Address 122 C STREET, NW  
SUITE 505

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

Transaction ID : SB23.45576

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF NAN HAYWORTH**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

Transaction ID : SB23.45578

Amount of Each Disbursement this Period

1000.00

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

7500.00

**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. GILLIBRAND FOR SENATE**

Mailing Address 236 MASSACHUSETT AVE, NE SUITE 110  
C/O E BORDADOR

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2012

**Transaction ID : SB23.45580**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GLACIER PAC**

Mailing Address 3242 CUMMINS WAY

City MISSOULA State MT Zip Code 59802

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2012

**Transaction ID : SB23.45582**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. HATCH ELECTION COMMITTEE**

Mailing Address 6510 ANNA MARIA COURT  
C/O EH MURRAY GRP, LLC

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2012

**Transaction ID : SB23.45584**

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

**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. KIND FOR CONGRESS COMMITTEE**

Mailing Address 1250 EYE STREET, NW  
SUITE 200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB23.45586**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. MARY BONO MACK COMMITTEE**

Mailing Address 104 HUME AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 45

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB23.45588**

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MATHESON FOR CONGRESS**

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB23.45589**

Amount of Each Disbursement this Period

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

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

1	1	5	0	.	0	0
---	---	---	---	---	---	---

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

1	1	5	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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET

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: District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45591**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45594**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Mailing Address P. O. BOX 1011

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45597**

Amount of Each Disbursement this Period

3000.00

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

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

19000.00

**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. THE FREEDOM PROJECT**

Mailing Address 320 FIRST STREET, SE  
TEAM BOEHNER

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: District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45602**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. TIM JOHNSON FOR SOUTH DAKOTA**

Mailing Address P.O. Box 1536

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45604**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TOM ROONEY FOR CONGRESS**

Mailing Address 2336 S. East Ocean Blvd.  
#313

City Stuart State FL Zip Code 34996

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45595**

Amount of Each Disbursement this Period

2000.00

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

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

9500.00

**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. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 40385

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45605**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)**

Mailing Address 236 MASSACHUSETTS AVE., NW  
SUITE 603

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45608**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. VOICE FOR FREEDOM**

Mailing Address 3502 HALCYON DRIVE

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : SB23.45611**

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

127500.00