

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text"/>	<input type="text" value="388632.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="459806.31"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25273.86"/>	<input type="text" value="414108.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="485080.17"/>	<input type="text" value="802741.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92.40"/>	<input type="text" value="317753.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="484987.77"/>	<input type="text" value="484987.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	21302.86	326512.58
(ii) Unitemized	4221.00	86495.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25523.86	413008.30
(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)	25523.86	413008.30
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.....	-250.00	1100.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25273.86	414108.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25273.86	414108.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	92.40	753.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92.40	753.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	316718.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	282.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92.40	317753.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92.40	317753.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25523.86	413008.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25523.86	413008.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	92.40	753.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	92.40	753.50

**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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Dr Cathy O Blight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1 Hurley Plz
 City State Zip Code
 Flint MI 48503-5902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hurley Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2011
Transaction ID : SA11AI.43257
 Amount of Each Receipt this Period
 750.00

B. Dr Barbara Ann Chaitin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8150 Chancellor Dr Ste 110
 City State Zip Code
 Orlando FL 32809-7665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AmeriPath Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : SA11AI.43210
 Amount of Each Receipt this Period
 500.00

C. Dr John W Chowning MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Franklin Health Cmns
 City State Zip Code
 Farmington ME 04938-6144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Franklin Memorial Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : SA11AI.43253
 Amount of Each Receipt this Period
 500.00

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 7 OF 20
(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 Gary L Cooper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 20th St Ste G3
 City Knoxville State TN Zip Code 37916-1890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Innovative Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2011
Transaction ID : SA11AI.43259
 Amount of Each Receipt this Period 1000.00

B. Dr Michael J Crossey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Woodward PI NE
 City Albuquerque State NM Zip Code 87102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tricare Reference Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2011
Transaction ID : SA11AI.43324
 Amount of Each Receipt this Period 1000.00

c. Dr Thomas S DeNapoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path & Lab 2827 Babcock Rd
 City San Antonio State TX Zip Code 78229-4813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christus Santa Rosa Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2011
Transaction ID : SA11AI.43234
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<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 Emanuel T Ferro MD PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 Atlantic Ave
 City Long Beach State CA Zip Code 90806-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Beach Memorial Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 10 / 21 / 2011
Transaction ID : SA11AI.43266
 Amount of Each Receipt this Period
 250.00

B. Dr Jacl E Garon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1500 S California Ave
 City Chicago State IL Zip Code 60608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt
 10 / 31 / 2011
Transaction ID : SA11AI.43284
 Amount of Each Receipt this Period
 500.00

C. H David Greider
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Bay Pt
 City Naples State FL Zip Code 34103-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Naples Pathology Assoc Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt
 10 / 10 / 2011
Transaction ID : SA11AI.43286
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Susan A Inniss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address School of Med
 Rm 342/Opb
 City Philadelphia State PA Zip Code 19140-5104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Temple Univ Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : SA11AI.43318
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Dr David Reid Kelly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path & Lab Med
 1600 7th Ave S
 City Birmingham State AL Zip Code 35233-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hosp of Alabama Occupation Pathologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : SA11AI.43230
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Dr Lauren E Kernochan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 W Cota St Apt 1
 City Santa Barbara State CA Zip Code 93101-7070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : SA11AI.43361
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 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 10 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr Nancy C Kois MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1577 E Holly St
 City Boise State ID Zip Code 83712-8355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Alphonsus 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
 10 / 21 / 2011
Transaction ID : SA11AI.43312
 Amount of Each Receipt this Period
 500.00

B. Allison Loudermilk
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology 2825 E Barnett Rd
 City Medford State OR Zip Code 97504-8332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vista Pathology P.C. Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : SA11AI.43347
 Amount of Each Receipt this Period
 500.00

C. Dr Larry W Massie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 San Pedro SE
 City Albuquerque State NM Zip Code 87108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico VA Health Care Sys Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2011
Transaction ID : SA11AI.43288
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr William B Moss MD
Full Name (Last, First, Middle Initial)

Mailing Address 4010 Davies Manor Dr

City Bartlett State TN Zip Code 38133-0977

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

Name of Employer Memphis Path Labs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011

Transaction ID : SA11AI.43274

Amount of Each Receipt this Period
 300.00

B. Dr Rebkha G Neu MD
Full Name (Last, First, Middle Initial)

Mailing Address 1401 E State St

City Rockford State IL Zip Code 61104-2298

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

Name of Employer Swedish American 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
 10 / 04 / 2011

Transaction ID : SA11AI.43316

Amount of Each Receipt this Period
 250.00

C. Dr Tushar C Padhya MD
Full Name (Last, First, Middle Initial)

Mailing Address 1008 Boxwood Dr

City Munster State IN Zip Code 46321-2841

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

Name of Employer Methodist 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
 10 / 17 / 2011

Transaction ID : SA11AI.43276

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 12 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mick Raich			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : SA11AI.43343
Mailing Address 111 Giles Ave Apt C			Amount of Each Receipt this Period 210.00
City Blissfield	State MI	Zip Code 49228-1290	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1680.00	
Name of Employer Vachette Pathology		Occupation unknown	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Charles Roussel			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 04 / 2011 Transaction ID : SA11AI.43239
Mailing Address 325 Waukegan Rd			Amount of Each Receipt this Period 2500.00
City Northfield	State IL	Zip Code 60093-2750	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00	
Name of Employer College of American Pathologists		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DR MARION M Rundell MD			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : SA11AI.43235
Mailing Address PO Box 58744			Amount of Each Receipt this Period 142.86
City Houston	State TX	Zip Code 77258-8744	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 285.72	
Name of Employer Clear Lake Pathology Partners LTD		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2852.86
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Jerry W SanDiego MD		Date of Receipt
Mailing Address 4101 S 4th St		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
City	State	Zip Code
Leavenworth	KS	66048-5014
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.43243
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
DDE VA Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Dawson E Scarborough MD		Date of Receipt
Mailing Address 3000 New Bern Ave		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	Zip Code
Raleigh	NC	27610-1231
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.43353
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Wake Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Eric C Sheffer MD		Date of Receipt
Mailing Address 1365 York Ave Apt 15D		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City	State	Zip Code
New York	NY	10021-4050
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.43280
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Minkowitz Pathology, PC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr Christine N Sillings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 New Bern Ave
 City Raleigh State NC Zip Code 27610-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : SA11AI.43351
 Amount of Each Receipt this Period
 750.00

B. Dr Joe E Snodgrass MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2609 N Van Buren St
 City Enid State OK Zip Code 73703-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Enid Pathology Consultants 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
 10 / 04 / 2011
Transaction ID : SA11AI.43249
 Amount of Each Receipt this Period
 500.00

C. Dr Janet F Stastny MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Susannah St
 City Johnson City State TN Zip Code 37601-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Outpatient Cytopathology 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
 10 / 21 / 2011
Transaction ID : SA11AI.43296
 Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr Brian K Stewart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 NE Cushing Dr Ste 200
 City Bend State OR Zip Code 97701-3876
 Name of Employer Central Oregon Path Cnslt PC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2011
Transaction ID : SA11AI.43228
 Amount of Each Receipt this Period 500.00

B. Ann Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology 8th Ave & C St
 City Salt Lake City State UT Zip Code 84143
 Name of Employer LDS Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2011
Transaction ID : SA11AI.43262
 Amount of Each Receipt this Period 300.00

C. Dr Norman H Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 3260 Hospital Dr
 City Juneau State AK Zip Code 99801-7808
 Name of Employer Bartlett Reg Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2011
Transaction ID : SA11AI.43218
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rima Tinawi-Aljundi		Date of Receipt
Mailing Address 20952 E 12 Mile Rd Ste 200		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Saint Clair Shores	MI	48081-3203
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.43278
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Michigan Institute of Urology PC	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Ioana S Tolocica MD		Date of Receipt
Mailing Address 11 Mussel Cove Ln		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City	State	Zip Code
Falmouth	ME	04105-1782
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.43270
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Maine Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Oana E Vele MD		Date of Receipt
Mailing Address 109 E 73rd Apt 3C		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City	State	Zip Code
New York	NY	10021
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.43264
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Lenox Hill Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 17 OF 20
(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 Gail H Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1354 Drakie Ct SW
 City State Zip Code
 Lilburn GA 30047-2435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eastside Medical Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : SA11AI.43247
 Amount of Each Receipt this Period
 500.00

B. Dr Michael H Weinstein MD PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 3000 New Bern Ave
 City State Zip Code
 Raleigh NC 27610-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wake Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : SA11AI.43355
 Amount of Each Receipt this Period
 1000.00

C. Dr Jerome S Wilkenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 690685
 City State Zip Code
 Houston TX 77269-0685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Cypress Medical Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2011
Transaction ID : SA11AI.43291
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
	<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 S Wilkinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Sanger Hall S4-011
 1101 E Marshall St # 980662
 City Richmond State VA Zip Code 23298-5048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VCU Health System Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 10 / 2011**
Transaction ID : SA11AI.43345
 Amount of Each Receipt this Period **500.00**

B. Dr Bryan P Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 2825 E Barnett Rd
 City Medford State OR Zip Code 97504-8332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vista Pathology P.C. Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 21 / 2011**
Transaction ID : SA11AI.43349
 Amount of Each Receipt this Period **1000.00**

C. Dr Richard W Zuehl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2721 33rd St
 City Two Rivers State WI Zip Code 54241-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Med Ctr-Manitowoc County Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 17 / 2011**
Transaction ID : SA11AI.43216
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	21302.86

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

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

FOR LINE NUMBER: PAGE 19 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J. Daniel Hanson Dr.

Mailing Address 1494 Harrington Park Drive

City Jacksonville State FL Zip Code 32225

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

Name of Employer Pathology Laboratories 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
 10 / 01 / 2011

Transaction ID : SA16.43364

Amount of Each Receipt this Period
 -250.00

Refunded Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	-250.00
TOTAL This Period (last page this line number only).....▶	-250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Moneris ACH Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : SB21B.43362

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2011

Transaction ID : SB21B.43363

Amount of Each Disbursement this Period

50.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

92.40

92.40