

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. 12FE4M5 College of American Pathologists Political Action Committee

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 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 09 01 2011 through 09 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Dr. Renee R. Ellerbroek [Electronically Filed] Date 10 19 2011

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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" value="388632.97"/>	<input type="text" value="388632.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="465578.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60319.86"/>	<input type="text" value="388834.44"/>
(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="525898.71"/>	<input type="text" value="777467.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66092.40"/>	<input type="text" value="317661.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="459806.31"/>	<input type="text" value="459806.31"/>
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).....	57161.00	305209.72
(ii) Unitemized	3158.86	82274.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	60319.86	387484.44
(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)	60319.86	387484.44
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	1350.00
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))..... ▶	60319.86	388834.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60319.86	388834.44

DETAILED SUMMARY PAGE

of Disbursements

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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	661.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	92.40	661.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	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)) ..	66092.40	317661.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66092.40	317661.10

DETAILED SUMMARY PAGE
of Disbursements

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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)	60319.86	387484.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60319.86	387484.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	92.40	661.10
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	661.10

**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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. DR BYRON C Arndt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Crater Lake
 City Medford State OR Zip Code 97504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Medford Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : SA11AI.42857
 Amount of Each Receipt this Period
500.00

B. DR PAUL F Atkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Buckeye Rd Ste 178
 City Atlanta State GA Zip Code 30341-4232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology & Laboratory Medicine, P.C. Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42858
 Amount of Each Receipt this Period
500.00

C. DR NICOLE N Balmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1899 Eider Ct
 City Tallahassee State FL Zip Code 32309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KWB Pathology Associates Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42859
 Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 45
(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 PAMELA M Bartholomew
 Full Name (Last, First, Middle Initial)
 Mailing Address 78253 Highway 1082
 City Covington State LA Zip Code 70435-4656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42860
 Amount of Each Receipt this Period
250.00

B. DR MARGARET A Batt
 Full Name (Last, First, Middle Initial)
 Mailing Address 9303 Park West Blvd Ste 200
 City Knoxville State TN Zip Code 37923-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Laboratories West Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42861
 Amount of Each Receipt this Period
500.00

C. DR RICHARD J Boatsman^Richard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1307
 City Cache State OK Zip Code 73527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comanche County Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42863
 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 8 OF 45
(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 ALYSON M Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1840 Wealthy
 City Grand Rapids State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health Pathology Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42864
 Amount of Each Receipt this Period
1000.00

B. DR AUTHUR W Bracey
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology-P125E
 6720 Bertner St
 City Houston State TX Zip Code 77030-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Lukes Episcopal Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42865
 Amount of Each Receipt this Period
1000.00

C. DR PETER R Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 133 Fairfield St
 City St Albans State VT Zip Code 05478-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern MED CTR Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011
Transaction ID : SA11AI.42866
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
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 45
	<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. Alfred W Campbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Hidden Creek Circle
 City Spartanburg State SC Zip Code 29306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 23 / 2011**
Transaction ID : SA11AI.42869
 Amount of Each Receipt this Period **750.00**

B. DR ALVARO G Candel
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 155 E Brush Hill Rd
 City Elmhurst State IL Zip Code 60126-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elmhurst Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 15 / 2011**
Transaction ID : SA11AI.42870
 Amount of Each Receipt this Period **1000.00**

C. DR PEDRO ARISTIDES Carmona
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept 951 N Washington Ave
 City Titusville State FL Zip Code 32796-2163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parrish Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.42871
 Amount of Each Receipt this Period **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<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. Victor Casas
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
65 James St

City Edison State NJ Zip Code 08818

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

Name of Employer John F. Kennedy Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date ▼
601.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.42872

Amount of Each Receipt this Period
601.00

B. DR DEBORAH RILEY Citron
Full Name (Last, First, Middle Initial)

Mailing Address Lab/Pathology
1504 Taub Loop

City Houston State TX Zip Code 77030-1608

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

Name of Employer Ben Taub Gen Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.42874

Amount of Each Receipt this Period
500.00

C. DR TERRY D Clark
Full Name (Last, First, Middle Initial)

Mailing Address 290 Big Run Rd

City Lexington State KY Zip Code 40503-2903

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

Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.42875

Amount of Each Receipt this Period
500.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 45
(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 TIMOTHY J Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N Peachtree Ave
 City Cookeville State TN Zip Code 38501-2546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cookeville Pathology Laboratory Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : SA11AI.42877
 Amount of Each Receipt this Period **500.00**

B. DR GARY L Cooper
 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) **H**
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 16 / 2011**
Transaction ID : SA11AI.42879
 Amount of Each Receipt this Period **2000.00**

C. DR MICHAEL J Crossey MD PHD
 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 Tricore Reference Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 23 / 2011**
Transaction ID : SA11AI.42880
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<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)
A. DR PHILLIP L Day

Mailing Address 3990 Lago Vista Dr

City Belton State TX Zip Code 76513-7258

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

Name of Employer Metroplex Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : **SA11AI.42881**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. DR KEITH LAWTON Duncan MD PHD

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) **H**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : **SA11AI.42883**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. DR JORDAN W Eggers

Mailing Address 38 Woodland Dr

City Boyce State LA Zip Code 71409-9611

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

Name of Employer Rapides Regional Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : **SA11AI.42884**

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 13 OF 45
(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

Full Name (Last, First, Middle Initial)
A. DR BENDA L Eriksen

Mailing Address Dept of Path
 901 MacArthur Blvd

City Munster State IN Zip Code 46321-2901

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

Name of Employer The Comm Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.42885

Amount of Each Receipt this Period
 500.00

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

Mailing Address Lab
 405 W Grand Ave

City Dayton State OH Zip Code 45459

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

Name of Employer Grandview Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 09 / 2011
Transaction ID : SA11AI.42886

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. DR JOSEPH MICHAEL Foley

Mailing Address 2252 E Minton St

City Mesa State AZ Zip Code 85213-1400

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

Name of Employer Banner Baywood Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 06 / 2011
Transaction ID : SA11AI.42887

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 14 OF 45
	<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 MARK ALBERT Grathwohl
Full Name (Last, First, Middle Initial)

Mailing Address 6 Livery Ln

City North Salem State NY Zip Code 10560-3424

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

Name of Employer Northern Westchester Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42889

Amount of Each Receipt this Period
500.00

B. DR MICHELLE M Hebert
Full Name (Last, First, Middle Initial)

Mailing Address 500 Medical Center Blvd Ste 360A

City Conroe State TX Zip Code 77304

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

Name of Employer Baylor Pathology Laboratory Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011
Transaction ID : SA11AI.42892

Amount of Each Receipt this Period
250.00

C. DR WILLIAM F Hickey
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path/Borwell Bldg 1 Medical Center Dr

City Lebanon State NH Zip Code 03756-1000

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

Name of Employer Dartmouth Med School Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42893

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: PAGE 15 OF 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DR THOMAS R Himes
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Marcaby Ln
 City State Zip Code
 S Abington Twn PA 18411-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Keystone Medical Laboratories Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42894
 Amount of Each Receipt this Period
 500.00

B. DR ROBERT J Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. of Laboratory Service
 1805 Medical Center Dr
 City State Zip Code
 San Bernardino CA 92411-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Bernardino Community Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42895
 Amount of Each Receipt this Period
 750.00

C. DR MICHAEL A Huening MD PHD
 Full Name (Last, First, Middle Initial)
 Mailing Address WakeMed Health & Hospitals
 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
 Raleigh Pathology Lab Assoc PA Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42896
 Amount of Each Receipt this Period
 1750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
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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 MEHRABOON S Irani
 Full Name (Last, First, Middle Initial)
 Mailing Address 2424 W Erie Dr
 City Tempe State AZ Zip Code 85282-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blood Systems Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42899
 Amount of Each Receipt this Period
500.00

B. DR DANNA E Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 1401 Johnston Willis Dr
 City Richmond State VA Zip Code 23235-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Lab Consultants Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42900
 Amount of Each Receipt this Period
500.00

C. DR DERVILA O Jonas
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 Mosby Dr SW
 City Leesburg State VA Zip Code 20175-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Loudoun Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42901
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<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 A Jones
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path
22 Bramhall St

City Portland State ME Zip Code 04102-3134

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

Name of Employer Maine Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **300.00**

Date of Receipt
09 / 09 / 2011
Transaction ID : SA11AI.42902

Amount of Each Receipt this Period
300.00

B. DR ERNEST H Kawamoto
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) **H**

Aggregate Year-to-Date **250.00**

Date of Receipt
09 / 19 / 2011
Transaction ID : SA11AI.42904

Amount of Each Receipt this Period
250.00

C. DR STACY J Kim
Full Name (Last, First, Middle Initial)

Mailing Address 4230 Burnham Ave

City Las Vegas State NV Zip Code 89119-5408

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

Name of Employer Quest Diag Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **250.00**

Date of Receipt
09 / 16 / 2011
Transaction ID : SA11AI.42905

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: PAGE 18 OF 45
(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 PATRICK C Kippenbrock
 Full Name (Last, First, Middle Initial)
 Mailing Address 7850 N Illinois St
 City Indianapolis State IN Zip Code 46260-3663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St John's Hlth Sys Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42906
 Amount of Each Receipt this Period
500.00

B. DR EDWARD ALBERT Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Shannon Ct
 City Center Moriches State NY Zip Code 11934-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brookhaven Memorial Hosp Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42908
 Amount of Each Receipt this Period
500.00

C. DR CHRISTOPHER J Leigh
 Full Name (Last, First, Middle Initial)
 Mailing Address Mercy Medical Center
 250 Mercy Dr
 City Dubuque State IA Zip Code 52001-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Clinical Laboratories Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2011
Transaction ID : SA11AI.42909
 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: PAGE 19 OF 45
(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 JOE ALTON Lewis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Elizabeth St
 City State Zip Code
 Corpus Christi TX 78404-2235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Christus Spohn Hosp-Shoreline Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42910
 Amount of Each Receipt this Period
 500.00

B. DR FANGLUO Liu
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 34th St
 City State Zip Code
 Bakersfield CA 93301-2298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bakersfield Memorial Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42911
 Amount of Each Receipt this Period
 500.00

C. DR FERNANDO L Lomba
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 809 E Marion Ave
 City State Zip Code
 Punta Gorda FL 33950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Charlotte Regional Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42912
 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: PAGE 20 OF 45
(check only one)

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

A. DR CALIXTO J Maso MD
Full Name (Last, First, Middle Initial)
Mailing Address Department of Pathology
2900 N Lake Shore Dr
City Chicago State IL Zip Code 60657-5640
FEC ID number of contributing federal political committee. **C**
Name of Employer St Joseph Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) **H**
Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 16 / 2011**
Transaction ID : SA11AI.42915
Amount of Each Receipt this Period **250.00**

B. DR JAMES E McDermott
Full Name (Last, First, Middle Initial)
Mailing Address 2301 Summerlake Rd
City Charlotte State NC Zip Code 28226-5624
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolinas Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) **H**
Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 16 / 2011**
Transaction ID : SA11AI.42916
Amount of Each Receipt this Period **1000.00**

C. DR PHILIP W McGuire
Full Name (Last, First, Middle Initial)
Mailing Address 1660 Hogan Ave
City Chesterton State IN Zip Code 46304-9378
FEC ID number of contributing federal political committee. **C**
Name of Employer Alverno Clinical Lab Inc Occupation Pathologist
Receipt For: Primary General Other (specify) **H**
Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 06 / 2011**
Transaction ID : SA11AI.42917
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
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 21 OF 45
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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 KENNETH ALAN Meckler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 SW Klickitat Way Ste 205
 City State Zip Code
 Seattle WA 98134-1161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Puget Sound Inst of Pathology PLLC Pathologist
 Receipt For:
 Primary General
 Other (specify) **H**
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42918
 Amount of Each Receipt this Period
2500.00

B. DR JAMES r Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2916 S Brentwood Blvd
 City State Zip Code
 Brentwood MO 63144-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pathology Services Pathologist
 Receipt For:
 Primary General
 Other (specify) **H**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42919
 Amount of Each Receipt this Period
250.00

C. DR RICARDO LUIS Munoz
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology
 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) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42922
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
	<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 STEPHEN R Nash MD PHD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7346 S Alton Way Unit 10-E
 City Centennial State CO Zip Code 80112-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centennial Med Plaza Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.42923
 Amount of Each Receipt this Period **500.00**

B. DR LISA B Nass
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 8901 W Lincoln Ave
 City West Allis State WI Zip Code 53227-2409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACL Labs Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 02 / 2011**
Transaction ID : SA11AI.42924
 Amount of Each Receipt this Period **500.00**

C. DR SCOTT P Otteson
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 801 W Maple St
 City Farmington State NM Zip Code 87401-5630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tres Rios Pathology PC Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.42925
 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: PAGE 23 OF 45
(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 ELPIDIO DE JESUS Pena
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 Goddard Ave
 City Louisville State KY Zip Code 40204-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norton Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 06 / 2011**
Transaction ID : SA11AI.42927
 Amount of Each Receipt this Period **500.00**

B. DR LUKE A Perkocha MD MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology Mailbox 1785
 City San Francisco State CA Zip Code 94143-1785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSF Mount Zion Medical Center Clin Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 29 / 2011**
Transaction ID : SA11AI.42928
 Amount of Each Receipt this Period **500.00**

C. DR WILLIAM C Pitts
 Full Name (Last, First, Middle Initial)
 Mailing Address Sierra Path Lab 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) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11AI.42929
 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: PAGE 24 OF 45
(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

Full Name (Last, First, Middle Initial)
A. DR NICOLE C Prall

Mailing Address 16250 NW 59th Ave Ste 201

City Miami Lakes State FL Zip Code 33014-7542

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

Name of Employer Global Pathology Lab Svc Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
09 / 16 / 2011

Transaction ID : SA11AI.42930

Amount of Each Receipt this Period
600.00

Full Name (Last, First, Middle Initial)
B. DR JAMES C Quigley

Mailing Address 2750 Clay Edwards Dr Ste 420

City North Kansas City State MS Zip Code 64116-3258

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

Name of Employer MAWD Pathology Group PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 09 / 2011

Transaction ID : SA11AI.42931

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. DR MICHAEL S Rabkin MD PHD

Mailing Address 419 2nd Ave

City Tarentum State PA Zip Code 15084-1804

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

Name of Employer Rabkin Dermatopathology Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
09 / 09 / 2011

Transaction ID : SA11AI.42932

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 25 OF 45
(check only one)

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

A. Mick Raich
Full Name (Last, First, Middle Initial)
Mailing Address 111 Giles Ave Apt C
City Blissfield State MI Zip Code 49228-1290
FEC ID number of contributing federal political committee. **C**
Name of Employer Vachette Pathology Occupation unknown
Receipt For: Primary General Other (specify) **H**
Aggregate Year-to-Date **1470.00**

Date of Receipt **09 / 15 / 2011**
Transaction ID : SA11AI.42933
Amount of Each Receipt this Period **210.00**

B. Shrin Rajagopalan
Full Name (Last, First, Middle Initial)
Mailing Address 1900 Kildaire Farm Rd
City Cary State NC Zip Code 27518-6616
FEC ID number of contributing federal political committee. **C**
Name of Employer WakeMed Cary Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) **H**
Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : SA11AI.42934
Amount of Each Receipt this Period **1000.00**

C. R. Rafael Ramirez-Weiser Dr.
Full Name (Last, First, Middle Initial)
Mailing Address G.P.O Box 36-6258
City San Juan State PR Zip Code 00936
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) **H**
Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 16 / 2011**
Transaction ID : SA11AI.42854
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1710.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 26 OF 45
(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

Full Name (Last, First, Middle Initial)
A. Arundhati Rao

Mailing Address Department of Pathology
 2401 S 31st Street

City State Zip Code
 Temple TX 76508

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

Name of Employer Occupation
 Scott and White Memorial Hosp Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 19 / 2011
Transaction ID : SA11AI.42935

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. DR ZARINA ANWAR Rasheed MD

Mailing Address Pathology Dept
 306 Stanaford Rd

City State Zip Code
 Beckley WV 25801-3142

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

Name of Employer Occupation
 Beckley Appalachian Regional Hospital Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 29 / 2011
Transaction ID : SA11AI.42936

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. DR AHREN Rittershaus

Mailing Address Raleigh Path Laboratory Associates
 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
 Raleigh Pathology Lab Assoc PA Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 28 / 2011
Transaction ID : SA11AI.42939

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: PAGE 27 OF 45
(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

Full Name (Last, First, Middle Initial)
A. DR CORY A Roberts

Mailing Address 1355 River Bend Dr

City State Zip Code
 Dallas TX 75247-4915

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

Name of Employer Occupation
 Propath Lab Inc Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 19 / 2011
Transaction ID : SA11AI.42940

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. DR PAULA J Rogers

Mailing Address Dept of Pathology
 2825 Parklawn Dr

City State Zip Code
 Midwest City OK 73110-4201

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

Name of Employer Occupation
 Midwest Reg Med Ctr Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 06 / 2011
Transaction ID : SA11AI.42941

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. DR CHARLES F Romberger

Mailing Address Dept of Path
 555 N. Duke St.

City State Zip Code
 Lancaster PA 17604-3555

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

Name of Employer Occupation
 Lancaster General Hosp Pathologist

Receipt For:
 Primary General
 Other (specify) ▼ **H**

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 29 / 2011
Transaction ID : SA11AI.42942

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 28 OF 45
	<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 M Rowe
Full Name (Last, First, Middle Initial)

Mailing Address PRW Laboratories
3050 Berkmar Dr Ste A

City Charlottesville State VA Zip Code 22901-3405

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

Name of Employer University of Virginia Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **700.00**

Date of Receipt
09 / 06 / 2011

Transaction ID : SA11AI.42943

Amount of Each Receipt this Period
700.00

B. DR THOMAS A Ruma MD
Full Name (Last, First, Middle Initial)

Mailing Address 6901 N 72nd St

City Omaha State NE Zip Code 68122

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

Name of Employer Alegent Health Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **250.00**

Date of Receipt
09 / 06 / 2011

Transaction ID : SA11AI.42944

Amount of Each Receipt this Period
250.00

C. DR REINHARDT O Sahmel MD PHD
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology
219 S Washington St

City Easton State MD Zip Code 21601-2913

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

Name of Employer Memorial Hosp at Easton Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) **H**

Aggregate Year-to-Date **500.00**

Date of Receipt
09 / 09 / 2011

Transaction ID : SA11AI.42946

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1450.00**

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 29 OF 45
(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 CLIFFORD D Sauls
 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) **H**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : SA11AI.42947
 Amount of Each Receipt this Period **250.00**

B. DR GEORGE D Schaefer
 Full Name (Last, First, Middle Initial)
 Mailing Address Pathology 300 Pinellas St
 City Clearwater State FL Zip Code 33756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morton Plant Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : SA11AI.42948
 Amount of Each Receipt this Period **1000.00**

C. DR KENNETH R Schroer
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 Druid Rd W
 City Clearwater State FL Zip Code 33756-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morton Plant Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : SA11AI.42949
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
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 45
(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 JARED N Schwartz MD PHD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3429 Wynington Dr
 City State Zip Code
 Charlotte NC 28226-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Presbyterian Hosp Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2011
Transaction ID : SA11AI.42950
 Amount of Each Receipt this Period
 2500.00

B. DR MARY R Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path MS 205
 City State Zip Code
 Houston TX 77030-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Methodist Hospital Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42951
 Amount of Each Receipt this Period
 1000.00

C. Suash Sharma
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology, BAE 2575 1120 15th St
 City State Zip Code
 Augusta GA 30912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Med College of Georgia Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : SA11AI.42953
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00
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 31 OF 45
(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 WILLIAM R Shipley
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 201 E Grover St
 City State Zip Code
 Shelby NC 28150-3917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Reg Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2011
Transaction ID : SA11AI.42954
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42955
 Amount of Each Receipt this Period
 500.00

C. DR MARIA G Sparacino
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 187
 City State Zip Code
 Cleveland MS 38732-0187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bolivar County Hospital Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42956
 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:	PAGE 32 OF 45
	(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

A. DR JR JOHN LAMAR Stavinoha
 Full Name (Last, First, Middle Initial)
 Mailing Address 7600 Beechnut St 2nd Fl Lab
 City Houston State TX Zip Code 77074-4302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann SW Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : SA11AI.42957
 Amount of Each Receipt this Period **500.00**

B. DR AILYN U Tan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5025 N Paulina St
 City Chicago State IL Zip Code 60640-2772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hosp of Chicago Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 06 / 2011**
Transaction ID : SA11AI.42960
 Amount of Each Receipt this Period **500.00**

c. Dr. Warren G. Tucker
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 316 Calhoun Street
 City Charleston State SC Zip Code 29401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 16 / 2011**
Transaction ID : SA11AI.42961
 Amount of Each Receipt this Period **250.00**

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

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

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

FOR LINE NUMBER: PAGE 33 OF 45
(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 MELVIN J Van Boven
 Full Name (Last, First, Middle Initial)
 Mailing Address 802 S Jackson Ave Ste 305
 City State Zip Code
 Tulsa OK 74127-9057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSU Medical Center Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42964
 Amount of Each Receipt this Period
 1000.00

B. Dr. Stuart E. VanMeter
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology
 1924 Alcoa Highway
 City State Zip Code
 Knoxville TN 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Tennessee Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2011
Transaction ID : SA11AI.42965
 Amount of Each Receipt this Period
 500.00

C. DR GEOFFREY STEWART Weisbaum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9450 E Broadview Dr
 City State Zip Code
 Bay Harbor Islands FL 33154-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Broward Gen Med Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼ **H**
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.42968
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2150.00
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 34 OF 45
	<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 DONALD W West
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 Coolidge Blvd FI 3 Path
 City Lafayette State LA Zip Code 70503-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Anatomic Pathology Services Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 06 / 2011**
Transaction ID : SA11AI.42970
 Amount of Each Receipt this Period **1500.00**

B. DR WILLIAM W West
 Full Name (Last, First, Middle Initial)
 Mailing Address Path and Micro 983135 Nebraska Medical Ctr
 City Omaha State NE Zip Code 68198-3135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Nebraska Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 29 / 2011**
Transaction ID : SA11AI.42969
 Amount of Each Receipt this Period **400.00**

C. DR JOHN T Yamashita
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9600
 City Mission Hills State CA Zip Code 91346-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Holy Cross Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **750.00**

Date of Receipt **09 / 06 / 2011**
Transaction ID : SA11AI.42971
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional).....	2650.00
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 35 OF 45
(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 ANTONELA C Zanchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 3903 W Angeles St
 City Tampa State FL Zip Code 33629-5820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morton Plant Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011
Transaction ID : SA11AI.42972
 Amount of Each Receipt this Period
1000.00

B. Jin Zhang
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Waters Edge Way
 City San Antonio State TX Zip Code 78248-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ameripath South Texas Occupation Pathologist
 Receipt For: Primary General Other (specify) **H**
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2011
Transaction ID : SA11AI.42973
 Amount of Each Receipt this Period
500.00

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) **H**
 Aggregate Year-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	57161.00

**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
09 / 06 / 2011

Transaction ID : SB21B.41810

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
09 / 21 / 2011

Transaction ID : SB21B.41811

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

**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. AMERICAN VICTORY FUND

Mailing Address 22780 INDIAN CREEK DRIVE
SUITE 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41776

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. 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
09 / 15 / 2011

Transaction ID : SB23.41795

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41778

Amount of Each Disbursement this Period

2500.00

Category/
Type

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. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41779

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR THE PRESERVATION OF CAPITALISM

Mailing Address P.O. Box 22614

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41780

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DOLD FOR CONGRESS

Mailing Address PO BOX 29576

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41781

Amount of Each Disbursement this Period

1000.00

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

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

11000.00

**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. DOYLE FOR CONGRESS COMMITTEE

Mailing Address 205 HAWTHORNE COURT

City State Zip Code
PITTSBURGH PA 15221

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SB23.41802

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SB23.41803

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LINCOLN PAC

Mailing Address 3701 CONNECTICUT AVE NW
#404

City State Zip Code
WASHINGTON DC 20008

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SB23.41784

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PAC

Mailing Address 104 HUME AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41786

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41804

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MARY BONO MACK COMMITTEE

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41805

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**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. NANCY PELOSI FOR CONGRESS

Mailing Address 430 South Capitol Street, SE
1st Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SB23.41806

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SB23.41807

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SB23.41789

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roskam for Congress

Mailing Address 423 W. Wesley Street

City State Zip Code
Wheaton IL 60189

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41791

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Mailing Address 2501 WISCONSIN AVENUE
304

City State Zip Code
WASHINGTON DC 20007

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41792

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address 2501 WISCONSIN AVENUE
304

City State Zip Code
WASHINGTON DC 20007

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB23.41808

Amount of Each Disbursement this Period

1500.00

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

5000.00

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. SCALISE FOR CONGRESS

Mailing Address 2501 WISCONSIN AVENUE
304

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	1

Transaction ID : SB23.41809

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 426 C Street, NE
Rear Bldg

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	1

Transaction ID : SB23.41793

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 217 THIRD STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	1

Transaction ID : SB23.41794

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SUE MYRICK FOR CONGRESS

Mailing Address 20 F STREET
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SB23.41787

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SB23.41796

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST JOSEPH State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SB23.41797

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Mailing Address 236 MASSACHUSETTS AVE., NW
SUITE 508

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SB23.41800

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16021

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SB23.41782

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

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

6000.00

66000.00
