

# 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

Check if different than previously reported. (ACC) Suite 590

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER ▼** C00274944 **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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on MM / DD / YYYY in the State of   

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
----------------------------------------	---------------------------------------	----------------------------------------

Election on MM / DD / YYYY in the State of   

5. Covering Period MM / DD / YYYY 11 / 01 / 2011 through MM / DD / YYYY 11 / 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 MM / DD / YYYY 11 / 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)

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="484987.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="34377.86"/>	<input type="text" value="448486.16"/>
(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="519365.63"/>	<input type="text" value="837119.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92.40"/>	<input type="text" value="317845.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="519273.23"/>	<input type="text" value="519273.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	25626.86	352139.44
(ii) Unitemized .....	8751.00	95246.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34377.86	447386.16
(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) .....	34377.86	447386.16
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1100.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34377.86	448486.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34377.86	448486.16

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	92.40	845.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92.40	845.90
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	317845.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92.40	317845.90

**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) .....	34377.86	447386.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34377.86	447386.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	92.40	845.90
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	845.90

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

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

FOR LINE NUMBER: PAGE 6 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Shari L Addington MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1343 Bandera Hwy Apt 419  
 City State Zip Code  
 Kerrville TX 78028-9758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Path Ref Lab 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  
 11 / 27 / 2011  
**Transaction ID : SA11AI.43870**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Dale F Andres DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mercy Clinical Laboratory  
 1111 6th Ave  
 City State Zip Code  
 Des Moines IA 50314-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Med Ctr-Des Moines 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  
 11 / 10 / 2011  
**Transaction ID : SA11AI.43847**  
 Amount of Each Receipt this Period  
 1000.00

**C. Meera Bansal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 1000 N Village Avenue  
 City State Zip Code  
 Rockville Center NY 11570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Med Ctr Pathologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : SA11AI.43846**  
 Amount of Each Receipt this Period  
 250.00

**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 7 OF 21
<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 Ronald G Bardawil MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 275 Sandwich St  
 City Plymouth State MA Zip Code 02360-2183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jordan Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.00**

Date of Receipt **11 / 21 / 2011**  
**Transaction ID : SA11AI.43828**  
 Amount of Each Receipt this Period **249.00**

**B. Dr Robert S Beissner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept. Of Pathology  
 2401 S 31st St  
 City Temple State TX Zip Code 76508-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott and White Memorial Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 14 / 2011**  
**Transaction ID : SA11AI.43916**  
 Amount of Each Receipt this Period **200.00**

**C. Dr Robert L Bernstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 855 N Westhaven Dr  
 City Oshkosh State WI Zip Code 54904-7668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aurora Med Ctr of Oshkosh Inc Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 28 / 2011**  
**Transaction ID : SA11AI.43763**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1449.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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 Robert M Bradley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 Union Ave Ste 300  
 City Memphis State TN Zip Code 38104-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Duckworth Pathology Group 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  
 11 / 07 / 2011  
**Transaction ID : SA11AI.43802**  
 Amount of Each Receipt this Period  
 500.00

**B. Marl D Brissette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Little Raven St Unit 508  
 City Denver State CO Zip Code 80202-6180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VA Med Ctr-Denver 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  
 11 / 12 / 2011  
**Transaction ID : SA11AI.43958**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Pedro A Carmona MD**  
 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) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2011  
**Transaction ID : SA11AI.43868**  
 Amount of Each Receipt this Period  
 500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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 Ryan N Cole MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7988 W Marigold St Ste 150  
 City Boise State ID Zip Code 83714-5125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cole Diagnostics 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  
 11 / 16 / 2011  
**Transaction ID : SA11AI.43793**  
 Amount of Each Receipt this Period  
 250.00

**B. Marcus Contardo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Marcus Contardo MD MPH  
 Laboratory Director  
 City Oceanside State CA Zip Code 92056-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tri-City Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : SA11AI.43941**  
 Amount of Each Receipt this Period  
 5000.00

**c. Dr James P Craig MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab Path  
 900 E Oak Hill Ave  
 City Knoxville State TN Zip Code 37917-4505  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : SA11AI.43824**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<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. Col Barbara A Crothers DO**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path and Area Lab Serv  
8901 Rockville Pike

City Bethesda State MD Zip Code 20889-0001

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

Name of Employer Walter Reed Natl Military Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 09 / 2011  
**Transaction ID : SA11AI.43968**

Amount of Each Receipt this Period  
500.00

**B. Dr Phillip H Deos MD**

Full Name (Last, First, Middle Initial)  
Mailing Address 2625 Coffee Rd Ste S

City Modesto State CA Zip Code 95355-2050

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

Name of Employer Yosemite Pathology Med Grp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 21 / 2011  
**Transaction ID : SA11AI.43978**

Amount of Each Receipt this Period  
500.00

**C. Dr Paul S Dickman MD**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept of Path /Lab  
1919 E Thomas Rd

City Phoenix State AZ Zip Code 85016-7710

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

Name of Employer Phoenix Children's Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 15 / 2011  
**Transaction ID : SA11AI.43890**

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: (check only one)	PAGE 11 OF 21
	<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) <b>A. Dr Renee R Ellerbroek MD</b>		Date of Receipt
Mailing Address Dept of Path 1212 Pleasant St Ste LL3		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Des Moines	State IA	Zip Code 50309-1414
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.43884</b>
Name of Employer Pathology Laboratory PC		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="1500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1500.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Dr Carl R Evans MD</b>		Date of Receipt
Mailing Address 1006 Hwy 16 South Ste G		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Fredericksburg	State TX	Zip Code 78624
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.43872</b>
Name of Employer Pathology Assoc of San Antonio		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Dr Charles W Ferris Jr MD</b>		Date of Receipt
Mailing Address Path 3015 N Ballas Rd		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
City Saint Louis	State MO	Zip Code 63131-2329
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.43851</b>
Name of Employer Missouri Baptist Med Ctr		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2300.00"/>
<b>TOTAL</b> 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 12 OF 21
	<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 Eric F Glassy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19951 Mariner Ave Ste 150  
 City Torrance State CA Zip Code 90503-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Path Med Grp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 11 / 2011**  
**Transaction ID : SA11AI.43745**  
 Amount of Each Receipt this Period **500.00**

**B. Dr Vito M Gulli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Hamilton Health Pl  
 City Hamilton State NJ Zip Code 08690-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert Wood Johnson Medical School Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 17 / 2011**  
**Transaction ID : SA11AI.43915**  
 Amount of Each Receipt this Period **1500.00**

**C. Dr Jeff D Harvell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 Elton Rd Ste 11  
 City Silver Spring State MD Zip Code 20903-5724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bethesda Dermatopathology Laboratory Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.43769**  
 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 13 OF 21
	<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 James E Haswell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Greystone Farm Ln

City Westport State CT Zip Code 06880-2750

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

Name of Employer Griffin Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2011  
**Transaction ID : SA11AI.43816**

Amount of Each Receipt this Period 1000.00

**B. Dr William W Hinchey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Canterbury Hill St

City San Antonio State TX Zip Code 78209-2817

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

Name of Employer Christus Santa Rosa Westover Hills Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2011  
**Transaction ID : SA11AI.43787**

Amount of Each Receipt this Period 500.00

**C. Dr Aimee A League MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2904 Westcorp Blvd SW Ste 108

City Huntsville State AL Zip Code 35805-6437

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

Name of Employer Pathology Associates PC Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2011  
**Transaction ID : SA11AI.43876**

Amount of Each Receipt this Period 250.00

**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 14 OF 21
	<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 Fernando L Lomba MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 809 E Marion Ave  
 City Punta Gorda State FL Zip Code 33950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charlotte Regional Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011  
**Transaction ID : SA11AI.43785**  
 Amount of Each Receipt this Period  
 300.00

**B. MD David E Martin PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1514 Vernon Rd  
 City Lagrange State GA Zip Code 30240-4131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Georgia Health System 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  
 11 / 17 / 2011  
**Transaction ID : SA11AI.43970**  
 Amount of Each Receipt this Period  
 250.00

**C. James E McDermott III MD**  
 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) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : SA11AI.43775**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 21  
(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. Gerald Minkowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 904 49th St

City Brooklyn	State NY	Zip Code 11219
------------------	-------------	-------------------

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

Name of Employer Minkowitz Consultant Pathology	Occupation Pathologist
----------------------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **11 / 16 / 2011**  
**Transaction ID : SA11AI.43850**  
 Amount of Each Receipt this Period: **500.00**

**B. MD John D Olson PhD**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Path  
7703 Floyd Curl Dr

City San Antonio	State TX	Zip Code 78229-3901
---------------------	-------------	------------------------

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

Name of Employer UT Hlth Science Ctr San Antonio	Occupation Pathologist
-----------------------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **11 / 15 / 2011**  
**Transaction ID : SA11AI.43956**  
 Amount of Each Receipt this Period: **500.00**

**C. 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 Pathologist
----------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: **11 / 15 / 2011**  
**Transaction ID : SA11AI.43960**  
 Amount of Each Receipt this Period: **210.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **1210.00**

**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 21
<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 Linda H Riley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1116 138th Ave NW  
 City Andover State MN Zip Code 55304-6728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 29 / 2011**  
**Transaction ID : SA11AI.43946**  
 Amount of Each Receipt this Period **500.00**

**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)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : SA11AI.43748**  
 Amount of Each Receipt this Period **50.00**

**C. DR MARION M Rundell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 58744  
 City Houston State TX Zip Code 77258-8744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clear Lake Pathology Partners LTD Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **428.58**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : SA11AI.43790**  
 Amount of Each Receipt this Period **142.86**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>692.86</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<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 Howard L Siegel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 6701 N Charles St  
 City Baltimore State MD Zip Code 21204-6808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Baltimore 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  
 11 / 07 / 2011  
**Transaction ID : SA11AI.43814**  
 Amount of Each Receipt this Period  
**500.00**

**B. Dr Julie B Steele MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mail Drop 211C  
 10666 N Torrey Pines Rd Fl 2  
 City La Jolla State CA Zip Code 92037-1027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scripps Clinic Medical Laboratory 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  
 11 / 28 / 2011  
**Transaction ID : SA11AI.43918**  
 Amount of Each Receipt this Period  
**500.00**

**c. Dr John R Svrbely MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Clin Lab  
 110 N Poplar St  
 City Oxford State OH Zip Code 45056-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McCullough-Hyde Mem Hosp Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : SA11AI.43844**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
	<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 Cheryl A Szpak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Steeplechase Rd  
 City Chapel Hill State NC Zip Code 27514-1423  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.43966**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr Denise M Tritz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab  
 100 St Marys Med Plaza  
 City Jefferson City State MO Zip Code 65101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Mary's Health Center Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2011  
**Transaction ID : SA11AI.43937**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr John Winbern Turner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 Carbon Hill Dr  
 City Midlothian State VA Zip Code 23113-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth Lab Consultants Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2011  
**Transaction ID : SA11AI.43794**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21
	<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 Emily Ellen Volk MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3445 Executive Ctr Dr Ste 250  
 City Austin State TX Zip Code 78731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinical Path Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : SA11AI.43791**  
 Amount of Each Receipt this Period **200.00**

**B. Dr Leslie L Walters MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5604 Banister Ct  
 City Plano State TX Zip Code 75093-4227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical City Dallas Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 19 / 2011**  
**Transaction ID : SA11AI.43845**  
 Amount of Each Receipt this Period **1000.00**

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

Date of Receipt **11 / 28 / 2011**  
**Transaction ID : SA11AI.43755**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1700.00**  
**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 21  
(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.** Full Name (Last, First, Middle Initial)  
**Dr Sherry L Woodhouse MD**

Mailing Address 1440 Coral Ridge Dr # 296

City Coral Springs	State FL	Zip Code 33071-5433
-----------------------	-------------	------------------------

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

Name of Employer Pathology Consultants of S Broward	Occupation Pathologist
--------------------------------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	29	/	2011

**Transaction ID : SA11AI.43882**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25626.86

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Moneris Discount

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2011

**Transaction ID : SB21B.43983**

Amount of Each Disbursement this Period

41.90

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Account Analysis Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2011

**Transaction ID : SB21B.43984**

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

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

Amount of Each Disbursement this Period

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

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

92.40

92.40