

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

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

5. Covering Period 01 / 01 / 2012 through 01 / 31 / 2012

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 02 / 20 / 2012

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="2012"/>		478752.69
(b) Cash on Hand at Beginning of Reporting Period.....	478752.69	
(c) Total Receipts (from Line 19)	32481.00	32481.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	511233.69	511233.69
7. Total Disbursements (from Line 31).....	-13613.60	-13613.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	524847.29	524847.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	23250.00	23250.00
(ii) Unitemized	9231.00	9231.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32481.00	32481.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	32481.00	32481.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32481.00	32481.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32481.00	32481.00

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	104.40	104.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104.40	104.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	-13718.00	-13718.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-13613.60	-13613.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-13613.60	-13613.60

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)	32481.00	32481.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32481.00	32481.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	104.40	104.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	104.40	104.40

**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 19
	<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. Tammy Michelle Battaglia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mt Carmel Way
 City State Zip Code
 Pittsburg KS 66762-7587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St John Med Ctr 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
 01 / 23 / 2012
Transaction ID : SA11AI.44235
 Amount of Each Receipt this Period
 250.00

B. Dr. Jared G. Block MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2928 Forest Park Dr
 City State Zip Code
 Charlotte NC 28209-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas Med Ctr - University Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2012
Transaction ID : SA11AI.44241
 Amount of Each Receipt this Period
 1000.00

c. Dr. Barbara A. Centeno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address MCC Lab
 12902 Magnolia Dr
 City State Zip Code
 Tampa FL 33612-9416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 H Lee Moffitt Cancer Ctr Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : SA11AI.44252
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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. Jeffrey Lyman Christal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Senna Trl
 City San Antonio State TX Zip Code 78256-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Path Ref Lab Anat Path Lab 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
 01 / 27 / 2012
Transaction ID : SA11AI.44257
 Amount of Each Receipt this Period
 500.00

B. Dr. Karen M Clary MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pathology 1425 Portland Ave
 City Rochester State NY Zip Code 14621-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rochester Genl Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2012
Transaction ID : SA11AI.44261
 Amount of Each Receipt this Period
 250.00

C. Dr. Patrick Nicholas Costello MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Pathology 1725 West Market St
 City Johnson City State TN Zip Code 37604-6035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Watauga Pathology Assoc 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
 01 / 04 / 2012
Transaction ID : SA11AI.44269
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<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 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
01 / 16 / 2012
Transaction ID : SA11AI.44274

Amount of Each Receipt this Period
250.00

B. Dr. Laura Jane Gardner MD

Full Name (Last, First, Middle Initial)
Mailing Address 417 Edgar Rd

City Saint Louis State MO Zip Code 63119-4237

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

Name of Employer St Anthony's Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 04 / 2012
Transaction ID : SA11AI.44294

Amount of Each Receipt this Period
1000.00

C. Dr. Gary A Gochman MD

Full Name (Last, First, Middle Initial)
Mailing Address Lab
9333 E Imperial Hwy

City Downey State CA Zip Code 90242-2812

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

Name of Employer Kaiser Downey Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 30 / 2012
Transaction ID : SA11AI.44296

Amount of Each Receipt this Period
250.00

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 9 OF 19
<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. Donald G Guinee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 1100 9th Ave # C6-PTH
 City Seattle State WA Zip Code 98101-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 16 / 2012**
Transaction ID : SA11AI.44306
 Amount of Each Receipt this Period **250.00**

B. Dr. Bharati Suketu Jhaveri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 Woods Farm Ln
 City Springfield State IL Zip Code 62704-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St John's Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 04 / 2012**
Transaction ID : SA11AI.44323
 Amount of Each Receipt this Period **1000.00**

C. Edwin Leschhorn
 Full Name (Last, First, Middle Initial)
 Mailing Address Meridian Health System
 Dept of Pathology
 City Red Bank State NJ Zip Code 07701-7701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverview Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 16 / 2012**
Transaction ID : SA11AI.44350
 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 10 OF 19
	<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. Edward H. Lipford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1031 Queens Rd W
 City Charlotte State NC Zip Code 28207-1853
 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 **1000.00**

Date of Receipt **01 / 10 / 2012**
Transaction ID : SA11AI.44353
 Amount of Each Receipt this Period **1000.00**

B. Dr. Glenn H Littell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path 2975 Sycamore Dr
 City Simi Valley State CA Zip Code 93065-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Simi Valley Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 30 / 2012**
Transaction ID : SA11AI.44355
 Amount of Each Receipt this Period **250.00**

C. Dr. Michael Daniel McEachin MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address #1105 285 Centennial Olympic Pk Dr
 City Atlanta State GA Zip Code 30313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Newnan Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 07 / 2012**
Transaction ID : SA11AI.44369
 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 11 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas S Mego MD		Date of Receipt
Mailing Address Pathology 3200 Providence Dr		<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Anchorage	State AK	Zip Code 99508-4615
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.44375
Name of Employer Providence Alaska Med Ctr		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Mitchell MD		Date of Receipt
Mailing Address 89 Puritan Rd		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Waban	State MA	Zip Code 02468-1705
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.44379
Name of Employer UMass Mem Med Ctr		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) C. Dr. Karla K. Murphy MD		Date of Receipt
Mailing Address Plaza 3 1315 S Cliff Ave Ste 4100		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.44383
Name of Employer Physicians Laboratory Ltd		Amount of Each Receipt this Period
Occupation Pathologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

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

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

A. Dr. John G Newby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 11110 Medical Campus Rd Ste 230
 City Hagerstown State MD Zip Code 21742-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Meritus Health Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : SA11AI.44385
 Amount of Each Receipt this Period
 2500.00

B. Dr. Mark D Pool MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Path
 350 N Wall St
 City Kankakee State IL Zip Code 60901-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Med Ctr 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 Y Y
 01 / 11 / 2012
Transaction ID : SA11AI.44401
 Amount of Each Receipt this Period
 1000.00

C. Dr. Joseph P Rank MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Columbia St Ste 200
 City Seattle State WA Zip Code 98104-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CellNetix Path & Labs Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : SA11AI.44405
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
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 19
	<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. Ronald E. Rocha MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3701 S Higuera St Ste 200
 City San Luis Obispo State CA Zip Code 93401-7462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Coast Pathology Consultants Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 24 / 2012**
Transaction ID : SA11AI.44409
 Amount of Each Receipt this Period **500.00**

B. Dr. James Joseph Schnabel MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 NW Expressway
 City Oklahoma City State OK Zip Code 73112-4999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integris Baptist Medical Center Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 01 / 2012**
Transaction ID : SA11AI.44416
 Amount of Each Receipt this Period **300.00**

C. Dr. Susan Marie Strate MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2627 San Simeon Dr
 City Wichita Falls State TX Zip Code 76308-4722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kell West Regional Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 09 / 2012**
Transaction ID : SA11AI.44436
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr John 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 ▼ 1000.00

Date of Receipt 01 / 16 / 2012
Transaction ID : SA11AI.44449
 Amount of Each Receipt this Period 1000.00

B. Dr. Mitchell Steven Wachtel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Path Dept School of Med 3601 4th Street
 City Lubbock State TX Zip Code 79430-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Tech Univ HSC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 30 / 2012
Transaction ID : SA11AI.44453
 Amount of Each Receipt this Period 400.00

C. Dr. William Allen Wesche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Missouri Ave
 City Shreveport State LA Zip Code 71109-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Delta Pathology Group LLC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 11 / 2012
Transaction ID : SA11AI.44456
 Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3900.00
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 19
(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. R. Bruce Williams
Full Name (Last, First, Middle Initial)
Mailing Address 2915 Missouri Avenue
City Shreveport State LA Zip Code 71109
FEC ID number of contributing federal political committee. **C**
Name of Employer The Delta Pathology Group, LLP Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2012
Transaction ID : SA11AI.44461
Amount of Each Receipt this Period 500.00

B. Dr. Rebecca F Yorke MD
Full Name (Last, First, Middle Initial)
Mailing Address 2504 Elmen St
City Houston State TX Zip Code 77019-6712
FEC ID number of contributing federal political committee. **C**
Name of Employer Cypress Fairbanks Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2012
Transaction ID : SA11AI.44466
Amount of Each Receipt this Period 250.00

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	23250.00

**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 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 checked="" 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
Void May 2006 Check 10790 - Never Cleared Bank

Candidate Name

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2012

Transaction ID : SB29.44474

Amount of Each Disbursement this Period

-1000.00

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
Void April 2007 Check 11006 Never Cleared Bank

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2012

Transaction ID : SB29.44475

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Void Oct.2007 Check 11141 Never Cleared Bank

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2012

Transaction ID : SB29.44476

Amount of Each Disbursement this Period

-1000.00

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

-3000.00

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 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 checked="" 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
Void Oct.2008 Check 11428 Never Cleared Bank

Candidate Name
College of American Pathologists Political Action Committee

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB29.44477

Amount of Each Disbursement this Period

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

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
Void March 2010 Check 11659 Never Cleared Bank

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB29.44478

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Void March 2010 Check 11661 Never Cleared Bank

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB29.44479

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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
Void June 2010 Check 11699 Never Cleared Bank

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB29.44480

Amount of Each Disbursement this Period

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

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
Void Sept 2010 Check 11729 Never Cleared Bank

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB29.44481

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Void Sept.10 Check 11747 Never Cleared Bank

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB29.44482

Amount of Each Disbursement this Period

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

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

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

-	6	0	0	0	.	0	0
---	---	---	---	---	---	---	---

-	6	0	0	0	.	0	0
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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
Void January 2011 Check 11850 Never Cleared Bank

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
01 / 31 / 2012

Transaction ID : SB29.44483

Amount of Each Disbursement this Period

-718.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-718.00

-13718.00