Image# 12950542979 PAGE 1 / 19

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Other Than An Aut	horized Committee	Office (	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
College of American P	Pathologists Political A	Action Committee		
		<u> </u>		
ADDRESS (number and street)  Check if different	Suite 590			
than previously reported. (ACC)	Washington		DC 2000	)5
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y.	STATE ▲	ZIP CODE ▲
C C00274944		S THIS X NEW (N) OR	AMENDED (A)	)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15	Report Due On: Mar	20 (M2) May 20 (M5 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7)		(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31	PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G) Special (12S)	in the
Year-End Report (Non-electic Year Only) (MY)  Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	State of  Special (30S)  in the State of
5. Covering Period 0		through 01		012
certify that I have examined the	nis Report and to the best of	my knowledge and belief it is to	rue, correct and comple	ete.
Type or Print Name of Treasure	Dr. Renee R. Ellerbroek			
Signature of Treasurer Dr. F	Renee R. Ellerbroek	[Electronically Filed]		2012
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signing	this Report to the penal	Ities of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

### 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: 01 01 2012 To: 01 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  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 <b>TO</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### College of American Pathologists Political Action Committee

I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	23250.00	23250.00
(i) Itemized (use Schedule A)	2020.00	10200.00
(°) 11.5% - 1 - 1	0024.00	9231.00
(ii) Unitemized	9231.00	9231.00
(iii) TOTAL (add	32481.00	32481.00
Lines 11(a)(i) and (ii)▶	32401.00	32401.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	32481.00	32481.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7	
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	7	7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(1)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	32481.00	32481.00
D. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	32481.00	32481.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calelidal Teal-IO-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(:) N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	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
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
-		
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than I onical committees	3.50	
(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
(444 2.1100 20(4), (6), 4.114 (6), 1.111111		
Other Disbursements	-13718.00	-13718.00
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I edelal Share		
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-13613.60	-13613.60
	10010.00	-13013.00
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

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	32481.00	32481.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32481.00	32481.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	104.40	104.40
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	104.40	104.40

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

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial)  1. Dr. Tammy Michelle Battaglia MD		Date of Receipt
Mailing Address 1 Mt Carmel Way		01 23 2012
City	State Zip Code	Transaction ID : SA11AI.44235
Pittsburg	KS 66762-7587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
St John Med Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Jared G. Block MD		Date of Receipt
Mailing Address 2928 Forest Park Dr		01 07 _2012 _
City	State Zip Code	Transaction ID : SA11AI.44241
Charlotte	NC 28209-1402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Carolinas Med Ctr - University	Occupation	
Receipt For:	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Dr. Barbara A. Centeno MD		Date of Receipt
Mailing Address MCC Lab		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
12902 Magnolia Dr City	State Zip Code	01 23 2012 Transaction ID : SA11AI.44252
Татра	FL 33612-9416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
H Lee Moffitt Cancer Ctr	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1750.00
TOTAL This Period (last page this line number of	only)	

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

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	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)  College of American Patholo	ogists Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Lyman Christal MD  Mailing Address 406 Senna Trl		Date of Receipt
		01 27 2012
City San Antonio	State Zip Code TX 78256-1626	Transaction ID : SA11AI.44257
FEC ID number of contributing federal political committee.	C 76230-1020	Amount of Each Receipt this Period  500.00
Name of Employer Path Ref Lab Anat Path Lab Receipt For:	Occupation Pathologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Karen M Clary MD		Date of Receipt
Mailing Address Department of Pathology  1425 Portland Ave  City	State Zip Code	01 30 2012
Rochester	NY 14621-3001	Transaction ID : SA11AI.44261  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Rochester Genl Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Patrick Nicholas Costello I	MD	Date of Receipt
Mailing Address Dept of Pathology 1725 West Market St	State 7in Code	01 04 Y=Y=Y=Y
City Johnson City	State Zip Code TN 37604-6035	Transaction ID : SA11AI.44269  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
Watauga Pathology Assoc	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	al)	1050.00
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee t	
Full Name (Last, First, Middle Initial)  Dr Paul S Dickman MD  Mailing Address Dept of Path /Lab  1919 E Thomas Rd  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Phoenix Children's Hosp  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85016-7710  C  Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1 16 2012  Transaction ID: SA11AI.44274  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Dr. Laura Jane Gardner MD  Mailing Address 417 Edgar Rd		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis	State Zip Code MO 63119-4237	Transaction ID : SA11AI.44294  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer St Anthony's Med Ctr	Occupation Pathologist	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Dr. Gary A Gochman MD  Mailing Address Lab  9333 E Imperial Hwy  City  Downey	State Zip Code CA 90242-2812	Date of Receipt  01 30 2012  Transaction ID : SA11AI.44296  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Kaiser Downey Medical Center	Occupation Pathologist	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	1500.00
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NAME OF COMMITTEE (In Full)		
College of American Pathologi	ists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Dr. Donald G Guinee MD		Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
1100 9th Ave # C6-PTH	State Zip Code	01 16 2012
City Seattle	State Zip Code WA 98101-2756	Transaction ID : SA11AI.44306  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	†
Virginia Mason Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Bharati Suketu Jhaveri MD		Date of Receipt
Mailing Address 1312 Woods Farm Ln		M = M / D = D / Y = Y = Y
City	State Zip Code	01 04 2012 Transaction ID : \$41141 44323
Springfield	IL 62704-6545	Transaction ID : SA11AI.44323  Amount of Each Receipt this Period
FEC ID number of contributing	02.0.00.0	
federal political committee.	C	1000.00
Name of Employer	Occupation	
St John's Hosp	Pathologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Edwin Leschhorn		Date of Receipt
Mailing Address Meridian Health System  Dept of Pathology		01 16 2012
City	State Zip Code	Transaction ID : SA11AI.44350
Red Bank	NJ 07701-7701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Riverview Medical Center	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
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NAME OF COMMITTEE (In Full)		
College of American Pathology	gists Political Action Committee	
Full Name (Last, First, Middle Initial)  1. Dr. Edward H. Lipford MD		Date of Receipt
Mailing Address 1031 Queens Rd W		01 10 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.44353
Charlotte	NC 28207-1853	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Carolinas Med Ctr	Pathologist	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Glenn H Littell MD	·	Date of Receipt
Mailing Address Dept of Path		M = M / D = D / Y = Y = Y
2975 Sycamore Dr City	State Zip Code	01 30 2012
Simi Valley	CA 93065-1201	Transaction ID : SA11AI.44355  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
Simi Valley Hosp	Pathologist	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Michael Daniel McEachin M	ID, MBA	Date of Receipt
Mailing Address #1105		M = M / D = D / Y = Y = Y
285 Centennial Olympic P	k Dr State Zip Code	01 07 2012
Atlanta	GA 30313	Transaction ID : SA11AI.44369  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Piedmont Newnan Hosp	Pathologist	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	2250.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. Thomas S Mego MD Date of Receipt Mailing Address Pathology 3200 Providence Dr 2012 28 City Zip Code State Transaction ID: SA11AI.44375 Anchorage ΑK 99508-4615 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Providence Alaska Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michael J. Mitchell MD Date of Receipt Mailing Address 89 Puritan Rd 01 2012 17 City State Zip Code Transaction ID: SA11AI.44379 MA Waban 02468-1705 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation UMass Mem Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Karla K. Murphy MD Date of Receipt Mailing Address Plaza 3 05 01 2012 1315 S Cliff Ave Ste 4100 City Zip Code State Transaction ID: SA11AI.44383 SD Sioux Falls 57105 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physicians Laboratory Ltd Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Dr. John G Newby MD Date of Receipt Mailing Address Dept of Path 11110 Medical Campus Rd Ste 230 2012 0.3 City Zip Code State Transaction ID: SA11AI.44385 MD Hagerstown 21742-6727 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Meritus Health Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark D Pool MD Date of Receipt Mailing Address Dept of Path 350 N Wall St 01 2012 11 City State Zip Code Transaction ID: SA11AI.44401 IL Kankakee 60901-2901 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Riverside Med Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Joseph P Rank MD Date of Receipt Mailing Address 1124 Columbia St Ste 200 01 10 2012 City Zip Code State Transaction ID: SA11AI.44405 WA Seattle 98104-2048 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation CellNetix Path & Labs Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	-	J	-		7	400	0.00	Щ
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Other (specify)

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NAME OF COMMITTEE (In Full)		
College of American Pathologist	ts Political Action Committee	
Full Name (Last, First, Middle Initial)  1. Dr. Ronald E. Rocha MD		Date of Receipt
Mailing Address 3701 S Higuera St Ste 200		01 24 2012
City	State Zip Code	Transaction ID : SA11AI.44409
San Luis Obispo	CA 93401-7462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Central Coast Pathology Consultants	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. James Joseph Schnabel MD, Ph	D	Date of Receipt
Mailing Address 3300 NW Expressway		01 01 _2012 _
City	State Zip Code	Transaction ID : SA11AI.44416
Oklahoma City	OK 73112-4999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Integris Baptist Medical Center	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Dr. Susan Marie Strate MD		Date of Receipt
Mailing Address 2627 San Simeon Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	01 09 2012
Wichita Falls	TX 76308-4722	Transaction ID : SA11AI.44436  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Kell West Regional Hosp	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1800.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 14 OF 19 Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	ets Political Action Committee	
Full Name (Last, First, Middle Initial) Dr John Winbern Turner MD  Mailing Address 2201 Carbon Hill Dr		Date of Receipt
City	State Zip Code	01 16 2012
Midlothian	VA 23113-2516	Transaction ID : SA11Al.44449  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Commonwealth Lab Consultants	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Mitchell Steven Wachtel MD		Date of Receipt
Mailing Address Path Dept School of Med 3601 4th Street		01 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.44453
Lubbock  FFC ID number of contribution	TX 79430-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Texas Tech Univ HSC  Receipt For:	Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. William Allen Wesche MD		Date of Receipt
Mailing Address 2915 Missouri Ave		01 11 2012
City Shreveport	State Zip Code LA 71109-4327	Transaction ID : SA11AI.44456  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
The Delta Pathology Group LLC	Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	2500.00	
SUBTOTAL of Receipts This Page (optional)	•	3900.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	:	PAGE	•	15 OF	=	19
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  College of American Patholog	ists Political Action Committee	
Full Name (Last, First, Middle Initial)  R. Bruce Williams  Mailing Address 2915 Missouri Avenue  City Shreveport  FEC ID number of contributing federal political committee.  Name of Employer The Delta Pathology Group, LLP  Receipt For:  Primary General Other (specify)	State Zip Code LA 71109  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  19 2012  Transaction ID: SA11AI.44461  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Dr. Rebecca F Yorke MD  Mailing Address 2504 Elmen St  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Cypress Fairbanks Med Ctr  Receipt For:  Primary General Other (specify)	State Zip Code TX 77019-6712  C  Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	23250.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22
Any information copied from such Reports and Stator for commercial purposes, other than using the national statement of the s			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,		
College of American Pathologists	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Sun Trust Bank			M M / D D / Y Y Y
Mailing Address P.O. Box 85024			01 31 2012
City	State Zip Code		Transaction ID : SB29.44474
Richmond Purpose of Disbursement	VA 23285		
Void May 2006 Check 10790 - Never Cleared Ba	nk		Amount of Each Disbursement this Period
Candidate Name		Category/	-1000.00
Office Sought:	ement For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: GA District: 11  Full Name (Last, First, Middle Initial)			
B. Sun Trust Bank			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 85024			01 31 2012
City Richmond	State Zip Code VA 23285		Transaction ID: SB29.44475
Purpose of Disbursement Void April 2007 Check 11006 Never Cleared Ban			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Disbursement this Feriod
		Type	-1000.00
	ement For:		
Senate President	Primary General  Other (specify) ▼		
State: District:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Full Name (Last, First, Middle Initial)			B (B)
C. Sun Trust Bank			Date of Disbursement
Mailing Address P.O. Box 85024			01 31 2012
City	State Zip Code		Transaction ID : SB29.44476
Richmond	VA 23285		Transaction ID: 5B29.44476
Purpose of Disbursement Void Oct.2007 Check 11141 Never Cleared Bank			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	-1000.00
Office Sought: House Disburs	ement For:	71 -	
Senate	Primary General		
President State: District:	Other (specify) ▼		
Side.			
SUBTOTAL of Disbursements This Page (optional)		·····	-3000.00
TOTAL This Period (last page this line number on	y)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 17 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 23 24 25 28 28b 28c X 29
Any information copied from such Reports and Stater	nents may not he sold or us		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
College of American Pathologists F	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. Sun Trust Bank			Date of Disbursement
Mailing Address P.O. Box 85024			01 31 2012
,	State Zip Code		Transaction ID : SB29.44477
Richmond	VA 23285		
Purpose of Disbursement Void Oct.2008 Check 11428 Never Cleared Bank			Amount of Each Disbursement this Period
Candidate Name College of American Pathologists Politics	al Action Committee	Category/	-2500.00
Office Sought: House Disburser		Туре	
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Sun Trust Bank			Date of Disbursement
Mailing Address B.O. Bay 05004			M M / D D / Y Y Y Y Y
Mailing Address P.O. Box 85024			01 31 2012
,	State Zip Code		Transaction ID : SB29.44478
Richmond Purpose of Disbursement	VA 23285		
Void March 2010 Check 11659 Never Cleared Ban	k		Amount of Each Disbursement this Perio
Candidate Name		Category/	
		Type	-500.00
Office Sought: House Disburser			
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Sun Trust Bank			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 85024			01 31 2012
City	State Zip Code		
Richmond	VA 23285		Transaction ID : SB29.44479
Purpose of Disbursement Void March 2010 Check 11661 Never Cleared Banl	ć		
	`		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	-1000.00
Office Sought: House Disburser	ment For:	туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	-4000.00
TOTAL This Period (last page this line number only)			

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			FOR LINE NUMBER: PAGE 18 OF 19				
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check or 21)		23 28b	24 25 28c X 29	26 30b	
	ly information copied from such Reports and Statem for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)								
	College of American Pathologists F	Political .	Action Com	mittee					
^	Full Name (Last, First, Middle Initial)				Data	of Disbursemer	nt.		
Α.	Sun Trust Bank					M M / D D / Y Y Y Y			
	Mailing Address P.O. Box 85024					31	2012		
	,	State VA	Zip Code		Tran	saction ID : SE	329.44480		
	Richmond Purpose of Disbursement	VA	23285						
	Void June 2010 Check 11699 Never Cleared Bank					Amount of Each Disbursement this Period			
	Candidate Name			Category/ Type			-2500	0.00	
	Office Sought: House Disbursen			71-		,	,		
		Primary Other (spe	General						
	State: District:	Other (ope	Olly) $\blacktriangledown$						
	Full Name (Last, First, Middle Initial)								
В.	Sun Trust Bank					of Disbursemer			
	Mailing Address P.O. Box 85024					31	2012	Y	
	,	State VA	Zip Code 23285		Tran	saction ID : SI	B29.44481		
	Void Sept 2010 Check 11729 Never Cleared Bank				Amount of Each Disbursement this Period				
	Candidate Name			Category/ Type		. ,	-2500	0.00	
		nent For: Primary Other (spe	General cify) ▼						
<u> </u>	Full Name (Last, First, Middle Initial) Sun Trust Bank					of Disbursemer	nt		
	Mailing Address P.O. Box 85024				01	31	2012	Y	
	City State Zip Code Richmond VA 23285				Tran	Transaction ID : SB29.44482			
	Purpose of Disbursement Void Sept.10 Check 11747 Never Cleared Bank								
	Candidate Name  Category/ Type				Amount of Each Disbursement this Period -1000.00				
	Office Sought: House Disbursen	nent For:		71-		,	,		
		Primary	General						
	State: District:	Other (spe	ony) ▼						
H	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)						-6000	.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)  21b 22 27 28a  Any information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contropolitical of American Pathologists Political Action Committee				
Any information copied from such Reports and Statements may not be sold or used by any person for the pure or for commercial purposes, other than using the name and address of any political committee to solicit contribution.  NAME OF COMMITTEE (In Full)	28b 28c X 29 30l			
Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit control NAME OF COMMITTEE (In Full)	urpose of soliciting contributions			
or for commercial purposes, other than using the name and address of any political committee to solicit control NAME OF COMMITTEE (In Full)				
NAME OF COMMITTEE (In Full)	ibutions from such committee.			
/ College of American Pathologists Political Action Committee				
,				
Full Name (Last, First, Middle Initial)				
A. Sun Trust Bank	Date of Disbursement			
Mailing Address P.O. Box 85024	31 2012			
	51 2012			
City State Zip Code Transac	ction ID : SB29.44483			
Richmond VA 23285  Purpose of Disbursement	, 1011 ID : 0D23.44403			
Vaid January 2004 Charle 44050 Navan Claused Bank	of Each Disbursement this Period			
Condidate Name				
Cardidate Name  Category/ Type	-718.00			
Office Sought: Disbursement For:				
Senate Primary General				
State: District: Other (specify) ▼				
Full Name (Last, First, Middle Initial)				
	Date of Disbursement			
	/ D D / Y Y Y Y			
Mailing Address				
City State Zip Code				
5, State 21p 00de				
Purpose of Disbursement	/E   B			
Candidate Name	Amount of Each Disbursement this Period			
Cardidate Name Category/ Type				
Office Sought: House Disbursement For:	7			
Senate Primary General				
President Other (specify) ▼				
State: District:				
Full Name (Last, First, Middle Initial)  Date of D	)ishursamant			
Date of E	Date of Disbursement			
Mailing Address	/ D D / Y Y Y Y			
City State Zip Code				
Purpose of Disbursement				
Candidate Name	Amount of Each Disbursement this Period			
Category/ Type				
Office Sought: House Disbursement For:				
Senate Primary General				
Described Co. C. C.				
President Other (specify) ▼				
State: District: Other (specify) ▼				
State: District:	-718 NO			
	-718.00			