

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

**College of American Pathologists Political Action Committee**

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

College of American Pathologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		478752.69
(b) Cash on Hand at Beginning of Reporting Period.....	544199.49	
(c) Total Receipts (from Line 19) .....	32281.00	322757.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	576480.49	801509.69
7. Total Disbursements (from Line 31).....	99592.40	324621.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	476888.09	476888.09
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 <b>BY</b> 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**

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).....	26485.00	246370.00
(ii) Unitemized .....	5796.00	76387.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32281.00	322757.00
(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) .....	32281.00	322757.00
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))..... ▶	32281.00	322757.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32281.00	322757.00

**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
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	839.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92.40	839.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	99500.00	340000.00
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	-2500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-2500.00
29. Other Disbursements .....	0.00	-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)) ..	99592.40	324621.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99592.40	324621.60

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32281.00	322757.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32281.00	325257.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	92.40	839.60
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	839.60

**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 32
	<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. Philip A Branton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Office of Biorepositories & Biospe  
 11400 Rockville Pike Ste 700 MSC 9  
 City Bethesda State MD Zip Code 20892-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Institute of Health Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **09 / 19 / 2012**  
**Transaction ID : SA11AI.47029**  
 Amount of Each Receipt this Period **375.00**

**B. Dr. Thomas Philip Brien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path Lab  
 2525 Desales Ave  
 City Chattanooga State TN Zip Code 37404-1161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hosp-Chattanooga Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 07 / 2012**  
**Transaction ID : SA11AI.47032**  
 Amount of Each Receipt this Period **1000.00**

**C. Hugo Jerry Broman Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1005 Byers Ave  
 City Chambersburg State PA Zip Code 17201-3817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chambersburg Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-365.00**

Date of Receipt **09 / 05 / 2012**  
**Transaction ID : SA11AI.47218**  
 Amount of Each Receipt this Period **-365.00**  
 Refund of 7-27-12 Contrib-CM 1820945

**SUBTOTAL** of Receipts This Page (optional)..... **1010.00**  
**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 32
	<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. Fred M. Busse MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 N Lafayette Blvd  
 City South Bend State IN Zip Code 46601-1004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Bend Medical Foundation 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  
 09 / 12 / 2012  
**Transaction ID : SA11AI.47033**  
 Amount of Each Receipt this Period  
 150.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11AI.47035**  
 Amount of Each Receipt this Period  
 750.00

**C. Dr. James B Cash Sr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2693 Forest Hills Rd SW Ste B  
 City Wilson State NC Zip Code 27893-8611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Carolina Pathology Inc 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  
 09 / 17 / 2012  
**Transaction ID : SA11AI.47039**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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 8 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11AI.47045**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Thomas J Cooper Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5620 E El Parque St  
 City Long Beach State CA Zip Code 90815-4129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated 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  
 09 / 14 / 2012  
**Transaction ID : SA11AI.47046**  
 Amount of Each Receipt this Period  
 100.00

**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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2012  
**Transaction ID : SA11AI.47050**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**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 32
	<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. Anthony M. Dombrowski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Section of Path  
500 Remington Blvd

City Bolingbrook State IL Zip Code 60440-4906

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

Name of Employer Adventist Bolingbrook Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 19 / 2012  
Transaction ID : SA11AI.47056

Amount of Each Receipt this Period  
250.00

**B. Dr. Guery Flores MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 Colonia De Salud Ste 200D

City Sierra Vista State AZ Zip Code 85635-2486

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

Name of Employer United Pathology Ltd Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
09 / 12 / 2012  
Transaction ID : SA11AI.47062

Amount of Each Receipt this Period  
530.00

**C. Dr. Edward P Fody MD**  
Full Name (Last, First, Middle Initial)

Mailing Address Lab  
602 Michigan Ave

City Holland State MI Zip Code 49423-4918

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

Name of Employer Holland Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
09 / 12 / 2012  
Transaction ID : SA11AI.47063

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1030.00
<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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Marla Jane Franks MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.47065</b>
Mailing Address 2694 Devin Ct SE			Amount of Each Receipt this Period 250.00
City Smyrna	State GA	Zip Code 30080-8300	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Wellstar Cobb Hospital		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Robert Anthony Frazier Jr MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.47067</b>
Mailing Address 733 Boush St Ste 200			Amount of Each Receipt this Period 2500.00
City Norfolk	State VA	Zip Code 23510-1501	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500.00	
Name of Employer Dominion Pathology Laboratories		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. S. Robert Freedman MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2012 <b>Transaction ID : SA11AI.47069</b>
Mailing Address 815 Pollard Rd			Amount of Each Receipt this Period 250.00
City Los Gatos	State CA	Zip Code 95032-1438	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer El Camino Hospital		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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 11 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard C. Friedberg MD,PhD</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2012 <b>Transaction ID : SA11AI.47071</b>
Mailing Address Chairman Dept of Path 759 Chestnut St # C-1170		Amount of Each Receipt this Period 1000.00
City Springfield	State Zip Code MA 01199-1001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Baystate Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alan F Frigy MD</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2012 <b>Transaction ID : SA11AI.47072</b>
Mailing Address Dept of Path 1800 E Lake Shore Dr		Amount of Each Receipt this Period 1000.00
City Decatur	State Zip Code IL 62521-3810	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00
Name of Employer St Mary's Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Laura Jane Gardner MD</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2012 <b>Transaction ID : SA11AI.47073</b>
Mailing Address 417 Edgar Rd		Amount of Each Receipt this Period 1000.00
City Saint Louis	State Zip Code MO 63119-4237	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00
Name of Employer St Anthony's Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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 12 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. 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 **500.00**

Date of Receipt  
 09 / 17 / 2012  
**Transaction ID : SA11AI.47074**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr. Patrick E. Godbey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Indigo Dr  
 City Brunswick State GA Zip Code 31525-6865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeastern Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 09 / 10 / 2012  
**Transaction ID : SA11AI.47076**  
 Amount of Each Receipt this Period  
**210.00**

**C. Dr. Michael Jean Goldfischer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path Dept  
 30 Prospect Ave  
 City Hackensack State NJ Zip Code 07601-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hackensack Univ Med Ctr Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 09 / 19 / 2012  
**Transaction ID : SA11AI.47077**  
 Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **660.00**  
**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 32
	<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. Ms. Sandra B Grear**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Waukegan Rd

City Northfield State IL Zip Code 60093-2750

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

Name of Employer College of American Pathologists Occupation Employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 24 / 2012  
**Transaction ID : SA11AI.47079**

Amount of Each Receipt this Period  
500.00

**B. Dr. Emily Ann Green MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3936 19th St

City San Francisco State CA Zip Code 94114-2522

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

Name of Employer David Grant Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
09 / 24 / 2012  
**Transaction ID : SA11AI.47080**

Amount of Each Receipt this Period  
500.00

**C. Dr. Thomas S. Haas DO**  
Full Name (Last, First, Middle Initial)

Mailing Address Department of Pathology  
1000 Mineral Point Ave

City Janesville State WI Zip Code 53548-2940

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

Name of Employer Mercy Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
09 / 14 / 2012  
**Transaction ID : SA11AI.47083**

Amount of Each Receipt this Period  
50.00

**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 14 OF 32
	<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. William Valentine Harrer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 The Mews  
 City Haddonfield State NJ Zip Code 08033-1344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Our Lady of Lourdes Medical Center 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  
 09 / 10 / 2012  
**Transaction ID : SA11AI.47085**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Gene N Herbek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Path Center  
 8303 Dodge St  
 City Omaha State NE Zip Code 68114-4108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Hospital Pathology Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2012  
**Transaction ID : SA11AI.47090**  
 Amount of Each Receipt this Period  
 2500.00

**C. Dr. Thomas E. Higgins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Pathology  
 400 E Main St  
 City Mount Kisco State NY Zip Code 10549-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern Westchester Hosp 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  
 09 / 07 / 2012  
**Transaction ID : SA11AI.47093**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<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 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : SA11AI.47094**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Cyenthia Louise Koehler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lab Svc  
 18701 N 67th Ave  
 City Glendale State AZ Zip Code 85308-7100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arrowhead Hospital 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  
 09 / 11 / 2012  
**Transaction ID : SA11AI.47098**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Mark D Kolins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 W 13 Mile Rd  
 City Royal Oak State MI Zip Code 48073-6712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beaumont Health System 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  
 09 / 07 / 2012  
**Transaction ID : SA11AI.47100**  
 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 16 OF 32
	<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. Keith A Krabill MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Path - Laboratory Administration  
 Kaleida Health 100 High St  
 City Buffalo State NY Zip Code 14203-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buffalo General Hospital Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 24 / 2012**  
**Transaction ID : SA11AI.47104**  
 Amount of Each Receipt this Period **1000.00**

**B. Dr. Alvin W. Martin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Cpa Laboratory  
 2307 Greene Way  
 City Louisville State KY Zip Code 40220-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Healthcare Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 07 / 2012**  
**Transaction ID : SA11AI.47113**  
 Amount of Each Receipt this Period **500.00**

**c. Dr. Matthew Ray Plymyer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Devonhall Ln  
 City Cary State NC Zip Code 27518-2658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 24 / 2012**  
**Transaction ID : SA11AI.47126**  
 Amount of Each Receipt this Period **1000.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dennis D Reinke MD</b>			Date of Receipt
Mailing Address 1107 Brooke Ave			<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.47129</b>
Wichita Falls	TX	76301-5608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Pathology Associates	Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. James Edward Richard DO</b>			Date of Receipt
Mailing Address 2508 S Cedar St			<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.47130</b>
Lansing	MI	48910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
CAP Lab-PLC	Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Pamela B Robertson MD</b>			Date of Receipt
Mailing Address Pathology 2400 17th St			<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.47131</b>
Columbus	IN	47201-5351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Columbus Regional Hosp	Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<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: PAGE 18 OF 32  
(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. Dr. Peter A Scully MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4230 Burnham Ave Ste 250

City Las Vegas	State NV	Zip Code 89119-5408
-------------------	-------------	------------------------

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

Name of Employer Associated Pathologists Chartered	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
09	/	12	/	2012

**Transaction ID : SA11AI.47135**

Amount of Each Receipt this Period  
500.00

**B. Dr Christine N Sillings MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3000 New Bern Ave

City Raleigh	State NC	Zip Code 27610-1231
-----------------	-------------	------------------------

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

Name of Employer Wake Med Ctr	Occupation Pathologist
----------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

**Transaction ID : SA11AI.47138**

Amount of Each Receipt this Period  
1000.00

**C. Dr. Jeffrey B Smith MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1395 S Pinellas Ave

City Tarpon Springs	State FL	Zip Code 34689-3790
------------------------	-------------	------------------------

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

Name of Employer Helen Ellis Memorial Hospital	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
09	/	24	/	2012

**Transaction ID : SA11AI.47142**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 32
	<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. Matthew James Snyder MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pathology Dept  
 3000 New Bern Ave  
 City Raleigh State NC Zip Code 27610-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1225.00**

Date of Receipt **09 / 14 / 2012**  
**Transaction ID : SA11AI.47143**  
 Amount of Each Receipt this Period **175.00**

**B. Dr. James H Spigel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Path  
 1100 Central Ave SE  
 City Albuquerque State NM Zip Code 87106-4930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presbyterian Hosp Womens Program Admin Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 24 / 2012**  
**Transaction ID : SA11AI.47144**  
 Amount of Each Receipt this Period **200.00**

**C. Dr. David Toups Stewart Jr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1899 Eider Ct  
 City Tallahassee State FL Zip Code 32308-4537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KWB Pathology Associates Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 07 / 2012**  
**Transaction ID : SA11AI.47149**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1375.00**  
**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 32  
(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. Mary Lynn Swearingen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2333 McCallie Ave  
 City Chattanooga State TN Zip Code 37404-3258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Pathology Occupation Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2012  
**Transaction ID : SA11AI.47150**  
 Amount of Each Receipt this Period  
 110.00

**B. Dr. Devendra V Trivedi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Peoria-Tazewell Path Group  
 221 NE Glen Oak Ave  
 City Peoria State IL Zip Code 61636-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Medical Center of Illinois 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  
 09 / 27 / 2012  
**Transaction ID : SA11AI.47157**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Patricia G Wasserman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Twilight Ct  
 City Melville State NY Zip Code 11747-3223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer unaffiliated 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  
 09 / 10 / 2012  
**Transaction ID : SA11AI.47166**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	860.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26485.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement  
Suntrust Moneris ACH Charge

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : SB21B.47216**

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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

**Transaction ID : SB21B.47217**

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

92.40

92.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ANDY HARRIS FOR CONGRESS**

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB23.47179**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BILL KEATING COMMITTEE; THE**

Mailing Address 209 PENNSYLVANIA AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

**Transaction ID : SB23.47177**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB23.47180**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BRIAN BILBRAY FOR CONGRESS**

Mailing Address 970 SEACOAST DRIVE  
# 7

City State Zip Code  
IMPERIAL BEACH CA 91932

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 50

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47181**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City State Zip Code  
Newburgh IN 47629

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47207**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. CANSECO FOR CONGRESS**

Mailing Address 10004 WURZBACH ROAD #366

City State Zip Code  
SAN ANTONIO TX 78230

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47183**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

4	0	0	0	0	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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47185**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. DAVE CAMP FOR CONGRESS**

Mailing Address 20 F STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47187**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF GARY DELONG**

Mailing Address 5100 E ANAHEIM ROAD

City LONG BEACH State CA Zip Code 90815

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 47

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47188**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN BARROW**

Mailing Address PO Box 1001

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB23.47208**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPS**

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB23.47189**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAX BAUCUS**

Mailing Address P.O. BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Split Check

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB23.47210**

Amount of Each Disbursement this Period

5000.00

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

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

14000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAX BAUCUS**

Mailing Address P.O. BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Split Check

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.48608**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NAN HAYWORTH**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47190**

Amount of Each Disbursement this Period

4	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. GRAVES FOR CONGRESS**

Mailing Address P.O. BOX 335

City CALHOUN State GA Zip Code 30703

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47205**

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. HATCH ELECTION COMMITTEE**

Mailing Address P.O. BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: UT District: 00

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : SB23.47191

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: MD District: 05

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : SB23.47192

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : SB23.47223

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JON RUNYAN FOR CONGRESS, INC**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47194**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47206**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE, SOUTH  
SUITE 200

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.47196**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

Full Name (Last, First, Middle Initial)

**A. KISSELL FOR CONGRESS**

Mailing Address P.O. BOX 1530

City BISCOE State NC Zip Code 27209

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.47197

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA 2012**

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MN District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.47199

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SB23.47200

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

8	5	0	0	0	0	0	0	0	0

0	0	0	0	0	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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MADISON PAC; THE**

Mailing Address 235 STATE STREET #206

City SPRINGFIELD State MA Zip Code 01103

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB23.47212**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. RANDY HULTGREN FOR CONGRESS**

Mailing Address PO BOX 717

City ST CHARLES State IL Zip Code 60174

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : SB23.47213**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. RE-ELECT MCGOVERN COMMITTEE**

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: MA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2012

**Transaction ID : SB23.47173**

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2012

Mailing Address 76 MAGNOLIA TERRACE

**Transaction ID : SB23.47176**

City State Zip Code  
SPRINGFIELD MA 01108

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement

Category/Type
---------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

**B. SCHWEIKERT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2012

Mailing Address 8776 E SHEA BLVD,  
SUITE B3A-626

**Transaction ID : SB23.47201**

City State Zip Code  
SCOTTSDALE AZ 85260

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

Category/Type
---------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 06

Full Name (Last, First, Middle Initial)

**C. SOUTHERLAND FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2012

Mailing Address 528 W BALDWIN ROAD

**Transaction ID : SB23.47178**

City State Zip Code  
PANAMA CITY FL 32405

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

Category/Type
---------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

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

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

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. STIVERS FOR CONGRESS**

Mailing Address 217 THIRD STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB23.47203**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. STIVERS FOR CONGRESS**

Mailing Address 217 THIRD STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : SB23.47215**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. WALDEN FOR CONGRESS INC**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

**Transaction ID : SB23.47204**

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

99500.00