

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

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

FOR LINE NUMBER: PAGE 15 / 23

(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.

Full Name (Last, First, Middle Initial)

G Thomas Puckett, Dr.

Mailing Address Dept of Path

421 S 28th Ave Ste 310

City

Hattiesburg

State

MS

Zip Code

39401-7208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hattiesburg Clinic, PA

Occupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.40158

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

J. James Schnabel, Dr.

Mailing Address Department of Pathology

3300 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Baptist Med Ctr

Occupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.40163

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

F. Mack Sexton

Mailing Address 17836 John Connor Rd

City

Cornelius

State

NC

Zip Code

28031-7659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pathology Assocs Svcs

Occupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.40138

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)