02/18/2010 10:01

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2010 0 1 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 02 18 2010 Signature of Treasurer 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. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/17

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee D D 2010 0 1 0 1 2010 0.1 3 1 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 387407.60 January 1 (b) Cash on Hand at 387407.60 Begining of Reporting Period 26667.00 26667.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 414074.60 414074.60 6(a) and 6(c) for Column B) 3695.02 3695.02 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 410379.58 410379.58 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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) 3 / 17

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

D D 0

2010

To:

м м 0 1 D D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Cor (a)	ntributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	20058.00	20058.00
	(ii) Unitemized	6609.00	6609.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	26667.00	26667.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26667.00	26667.00
	nsfers From Affiliated/Other ty Committees	0.00	0.00
3. All	Loans Received	0.00	0.00
	n Repayments Receivedsets To Operating Expenditures	0.00	0.00
(Ca	ofunds, Rebates, etc.) surry Totals to Line 37, page 5) funds of Contributions Made	0.00	0.00
	Federal candidates and Other itical Committees	0.00	0.00
	ner Federal Receipts vidends, Interest, etc.)	0.00	0.00
8. Tra	nsfers 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 Transfer (add 18(a) and 18(b)).	0.00	0.00
	al Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	26667.00	26667.00
	al Federal Receipts otract Line 18(c) from Line 19)	26667.00	26667.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
(Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	205.00	005.00
	Expenditures	695.02	695.02
(c) Total Operating Expenditures	COE 00	005.00
_	(add 21(a)(i), (a)(ii) and (b))	695.02	695.02
	Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
	ederal Candidates/Committees	3000.00	3000.00
	ndependent Expenditure	0000.00	3000.00
	use Schedule E)	0.00	0.00
. (Coordinated Expenditures Made by Party		
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
(300 00110ddio 1 /		
. L	_oan Repayments Made	0.00	0.00
'. L	_oans Made	0.00	0.00
	Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
. (Other Disbursements	0.00	0.00
	Fordered Flooring April 15 (OLLO O 404 (OO))		
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal 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 Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3695.02	3695.02
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	3695.02	3695.02
	HOHLLIN€ 5 D	.10.5.1 07	3093 02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Total Contributions (other than loans) from Line 11(d), page 3)	26667.00	26667.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26667.00	26667.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	695.02	695.02	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	695.02	695.02	

FE6AN026

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 4.	Full Name (Last, First, Middle Initial) N. Stephen Bauer, Dr.	Thou Notion		Date of Receipt
•	Mailing Address Laboratory 6501 Coyle Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.36336
	Carmichael FEC ID number of contributing federal political committee.	CA	95608	Amount of Each Receipt this Period 2500.00
	Name of Employer Mercy San Juan Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
3.	Full Name (Last, First, Middle Initial) Scott Christopher Bee, Dr. Mailing Address 1412 Wimbledon Ct			Date of Receipt
	- 1412 Willibledon of			01 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.36358
	Ft Collins FEC ID number of contributing federal political committee.	C	80524	Amount of Each Receipt this Period 1800.00
	Name of Employer McKee Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00	
-).	Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.	1		Date of Receipt
	Mailing Address 9815 N 107th St			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: SA11AI.36408
	Scottsdale	AZ	85258-6090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.00
	Name of Employer Clin-Path Associates, P.C.	Occupation Patholog	pist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.00	
	SUBTOTAL of Receipts This Page (optional) .			4508.00
T	TOTAL This Period (last page this line numbe	r only)	,	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any personen name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) T John Braun, Dr.	inical Action Committee	Date of Receipt
Mailing Address Dept of Path Armory Bldg Second		01 15 2010
City <u>Baltimore</u>	State Zip Code MD 21201-4606	Transaction ID: SA11AI.36331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Maryland General Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) S Earle Collum, Dr. Mailing Address Anatomic Path		Date of Receipt
350 W Thomas Rd	State Zip Code	01 13 2010
Phoenix	AZ 85013-4409	Transaction ID: SA11AI.36379 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St Josephs Hosp and Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) A Patricia Devine, Dr.		Date of Receipt
Mailing Address 200 F Main St 302		0 1 1 5 2 0 1 0
City	State Zip Code MA 02180	Transaction ID: SA11AI.36328
Stoneham FEC ID number of contributing federal political committee.	MA 02180	Amount of Each Receipt this Period 1500.00
Name of Employer Lowell General Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	·····	2750.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Anthony Marc Dvoracek, Dr. Mailing Address Department of Patholo			Date of Receipt 0 1 0 8 2 0 1 0
	1406 6th Ave N City	State	Zip Code	Transaction ID: SA11AI.36299
	St Cloud	MN	56303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CentraCare Laboratory Services Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Pathology Aggregate]
- 3.	Full Name (Last, First, Middle Initial) J. David Eisenstein, Dr. Mailing Address Department of Pathology			Date of Receipt
	1 Medical Village Drive	e State	Zip Code	01 27 2010
	Edgewood	KY	41017	Transaction ID: SA11AI.36374 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer St. Elizabeth Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ ;.	Full Name (Last, First, Middle Initial) Joseph Edward Garcia, Dr.			Date of Receipt
	Mailing Address 1125 Bartow Rd Ste 101A			01 07 2010
	City	State	Zip Code	Transaction ID: SA11AI.36337
	Lakeland FEC ID number of contributing federal political committee.	C	33801-5845	Amount of Each Receipt this Period 1000.00
	Name of Employer Micro Path Laboratories	Occupation		
	Receipt For: Primary General Other (specify) ▼	, , ~	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1550.00
	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 9 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Jane Laura Gardner, Dr.		Date of Receipt
Mailing Address 417 Edgar Road City	State Zip Code	0 1 1 3 2 0 1 0 Transaction ID: SA11Al.36373
Webster Groves	MO 63119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St. Louis Univ HSC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr.		Date of Receipt
Mailing Address Dept of Path 1350 E Market St	Ohata 7in Oada	01 26 2010
City <u>Warren</u>	State Zip Code OH 44482	Transaction ID: SA11AI.36386
FEC ID number of contributing federal political committee.	C 44462	Amount of Each Receipt this Period 500.00
Name of Employer Trumbull Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) M David Johnson, Dr.		Date of Receipt
Mailing Address 2300 W Edward St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Decatur</u>	State Zip Code IL 62526	Transaction ID: SA11AI.36307 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Decatur Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce David Jones, Dr. Mailing Address Dept of Path 1001 S George St City York FEC ID number of contributing federal political committee. Name of Employer York Hosp Receipt For: Primary General Other (specify)	State Zip Code PA 17403-3676 C Occupation Pathologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.36406 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Thaddeus Khachaturian Mailing Address 555 N 18th St City Phoenix FEC ID number of contributing federal political committee. Name of Employer TAACH Path Ctr Receipt For: Primary General Other (specify)	State Zip Code AZ 85006-3759 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 1
Full Name (Last, First, Middle Initial) J Robert L'hoste, Dr. Mailing Address 105 Sherry Ln City Mandeville FEC ID number of contributing federal political committee. Name of Employer East Jefferson Genl Hosp Receipt For: Primary General Other (specify)	State Zip Code LA 70471-7256 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1
SUBTOTAL of Receipts This Page (option	nal)	600.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fo	lse separate schedule(s) or each category of the letailed Summary Page	FOR LINE NUMBER: PAGE 11 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not e name and address	be sold or used by any pers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action Com	mittee	
۷.	Full Name (Last, First, Middle Initial) S Thomas Mego, Dr.			Date of Receipt
	Mailing Address Dept of Path 3200 Providence Dr			01 15 2010
	City Anchorage	State AK	Zip Code 99508-4615	Transaction ID: SA11AI.36359
	FEC ID number of contributing federal political committee.	C	39300-4013	Amount of Each Receipt this Period 2500.00
	Name of Employer Providence Alaska Med Ctr	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 2500.00	
- 3.	Full Name (Last, First, Middle Initial) C. Juan Millan, Dr.	.1		Date of Receipt
	Mailing Address Laboratory Administra 1225 NE 2nd Ave	ation		01 22 7 2010
	City		Zip Code	Transaction ID: SA11AI.36326
	Portland	OR	97232-2003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Legacy Central Lab	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Farhad Moatamed			Date of Receipt
	Mailing Address 2449 Angelo Dr			01 08 2010
	City		Zip Code	Transaction ID: SA11AI.36402
	Los Angeles FEC ID number of contributing federal political committee.	CA	90077-2126	Amount of Each Receipt this Period 300.00
	Name of Employer VA Greater LA Healthcare	Occupation		_
	System	pathologists		
	Receipt For: Primary General	Aggregate Yea	r-to-Date ▼	7
	Other (specify)	0 0 0	300.00	
Г				3050.00

or for commercial purpo NAME OF COMMIT College of Americ Full Name (Last, First A. Steven Mudrovich, Mailing Address D 1. City Ft Worth FEC ID number of c federal political commodities of Employer Baylor-All Saints Mecenter Receipt For: Primary Other (specify) Full Name (Last, First D. Mark Pool, Dr. Mailing Address D	ses, other than using the name at TEE (In Full) can Pathologists Political Act, Middle Initial) Dr. epartment of Pathology 100 Eighth Ave Sta TX contributing nittee. C Gcc Path Agg	nd address of any political committee to s tion Committee ate Zip Code	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First A. Steven Mudrovich, Mailing Address D. 1. City Ft Worth FEC ID number of c federal political commod Primary D. Center Receipt For: Primary Other (specify) Full Name (Last, First D. Mark Pool, Dr. Mailing Address D.	can Pathologists Political Activity, Middle Initial) Dr. epartment of Pathology 400 Eighth Ave State TX contributing nittee. C General General	ate Zip Code C 76104-4110	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Steven Mudrovich, Mailing Address 1. City Ft Worth FEC ID number of c federal political commod salvor-All Saints Me Center Receipt For: Primary Other (specify) Full Name (Last, First D. Mark Pool, Dr. Mailing Address	epartment of Pathology 400 Eighth Ave Sta TX Ontributing nittee. C Gical General Agg	76104-4110 upation	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address City Ft Worth FEC ID number of c federal political commod federal political federal political federal political federal political federal fed	epartment of Pathology 400 Eighth Ave Sta TX contributing nittee. C dical General Agg	76104-4110 upation	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ft Worth FEC ID number of c federal political commod political politi	ontributing nittee. Cocci Path Agg General	76104-4110 upation	Amount of Each Receipt this Period
FEC ID number of c federal political common Name of Employer Baylor-All Saints Mecenter Receipt For: Primary Other (specify) Full Name (Last, First D. Mark Pool, Dr. Mailing Address	ontributing nittee. Coccupati	upation	
Receipt For: Primary Other (specify) Full Name (Last, First D. Mark Pool, Dr. Mailing Address	dical Occu Path	•	250.00
Center Receipt For: Primary Other (specify) Full Name (Last, First D. Mark Pool, Dr. Mailing Address	General Path	•	┥
Receipt For: Primary Other (specify) Full Name (Last, First D. Mark Pool, Dr. Mailing Address	General		
D. Mark Pool, Dr. Mailing Address	▼	regate Year-to-Date ▼ 250.00	
_	t, Middle Initial)		Date of Receipt
	epartment of Pathology 50 N Wall Street		01 03 7 9 9 9
City	Sta	'	Transaction ID: SA11AI.36362
<u>Kankakee</u>	<u> L</u>	60901-2901	Amount of Each Receipt this Period
FEC ID number of c federal political com			500.00
Name of Employer Riverside Med Ctr		upation nologist]
Receipt For:		regate Year-to-Date ▼	
Other (specify)	General 🔻	500.00	
Full Name (Last, First A. James Robb, Dr.	t, Middle Initial)		Date of Receipt
Mailing Address 1	1613 Kensington Ct		0 1 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Sta	ate Zip Code	Transaction ID: SA11AI.36427
Boca Raton	<u>FL</u>	33428-2415	Amount of Each Receipt this Period
FEC ID number of c federal political comr			1000.00
Name of Employer unaffiliated		upation nologist	
Receipt For:		regate Year-to-Date ▼	
Primary Other (specify)	General ▼	1000.00	
SUBTOTAL of Receip	I		

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/17 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists F	olitical Action C	Committee	
Full Name (Last, First, Middle Initial) M. Kris Shekitka, Dr.			Date of Receipt
Mailing Address Depatment of Patho 900 S Caton Ave	ology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baltimore	State MD	Zip Code 21229	Transaction ID: SA11AI.36372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St Agnes Hosp	Occupation Pathologic		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) W. William West, Dr.			Date of Receipt
Mailing Address Dept of Path/Microb 983135 Nebraska M			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Omaha	State NE	Zip Code 68198-3135	Transaction ID: SA11AI.36395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30130 0100	600.00
Name of Employer Univ of Nebraska Med Ctr	Occupation Pathologic		
Receipt For: Primary General Other (specify) ▼	_ ' ' 	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) L Charles Wilkinson, Dr.			Date of Receipt
Mailing Address Clinical Lab 2124 14 St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Meridian	State MS	Zip Code 39301-6116	Transaction ID: SA11AI.36321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33301 0110	250.00
Name of Employer Jeff Anderson Regional Med Ctr	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optiona			1350.00

A.

В.

PAGE 14/17 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt D Louis Wright, Dr. Mailing Address PO Box 998 0.1 06 2010 City State Zip Code Transaction ID: SA11AI.36352 Charleston SC 29402 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C federal political committee. Name of Employer Pathology Services Associ-ates LLC Occupation Pathologist Receipt For: Aggregate Year-to-Date General Primary 2500.00 Other (specify) Full Name (Last, First, Middle Initial) F Rebecca Yorke, Dr. Date of Receipt Mailing Address 2504 Elmen 0 1 13 2010 City Transaction ID: SA11AI.36429 State Zip Code Houston TX 77019 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer unaffiliated Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼

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SUBTOTAL of Receipts This Page (optional)	•	2750.00
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250.00

Primary

Other (specify)

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUMBER: PAGE 15 / 17								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	21b 27	П	22 28a		23 28b	24 28c	F	25 29	26 30b	
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NAME OF COMMITTEE (In Full)												
College of American Pathologists Political	Action Committee											
Full Name (Last, First, Middle Initial) Sun Trust Bank							on ID:	SB21I	3.36	6433		
Mailing Address P.O. Box 85024					0 ^M 1	M	0	5 /	Ž	010) Y	
City Richmond	State Zip Code VA 23285				Amou	nt of	f Each	Disburse	men	t this f	Period	
Purpose of Disbursement Bank Service Charge	177								4	80.40		
Candidate Name			egory/ ype									
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)											
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Mailing Address P.O. Box 85024						$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} & \begin{bmatrix} D & D & M \\ 1 & 9 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 3 & 1 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} \end{bmatrix} & \mathbf{Y} \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} & \mathbf{Y} \end{bmatrix} &$						
City Richmond	State Zip Code VA 23285				Amou	nt of	f Each	Disburse	men			
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SUBTOTAL of Disbursements This Page (optional)			▶						5	51.68		

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)			Use sepa		FOR LINE NUMBER: (check only one)							PAGE 16/17					
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TOTAL This Period (last page this line number only)	<u> </u>	551.69

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9	CHEDULE B (FEC Form 3X)		T		T 1						
	,	Use separate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 17/17						
ITEMIZED DISBURSEMENTS		for each category of the	21b	<u> </u>	□ 24 □ 25 □ 26						
		Detailed Summary Page	27	22 X 23 28a 28b	24 25 26 28c 29 30b						
	y Information copied from such Reports and S for commercial purposes, other than using the										
$\overline{}$	NAME OF COMMITTEE (In Full)										
\rangle	College of American Pathologists Poli	tical Action Committee									
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	KIRK FOR SENATE			Date of Disburse	ement						
	Mailing Address P.O. Box 8			01 2	7 2010						
	City	State Zip Code		Amount of Each	Disbursement this Period						
	Winnetka	IL 60093									
	Purpose of Disbursement				3000.00						
	Candidate Name		Category/ Type								
	Office Sought: House Dis	bursement For: 2010									
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SUBTOTAL of Disbursements This Page (optional)	•	3000.00
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