12/02/2010 15:41

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL Example:If typing, type over the lines
L	College of American Patholog	gists Political Action Committee
1		
AD	DRESS (number and street)	1350 I Street, NW
	Check if different than previously reported. (ACC)	Suite 590  Washington  DC  20005  -
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY A STATE A ZIPCODE A
	C00274944	3. IS THIS REPORT X NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(C) July 15 Quarterly Report(C) Quarterly Report(C) January 31 Quarterly Report(Y) July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day Primary (12P) General (12G) Runoff (12R)  PRE-Election Report for the: Convention (12C) Special (12S)  (d) 30-Day Post -Election X General (30G) Runoff (30R) Special (30S)
5.	Covering Period 1 (	1 4 2 0 1 0 through 1 1 2 2 2 0 1 0
	ertify that I have examined this be or Print Name of Treasurer	Report and to the best of my knowledge and belief it is true, correct and complete.  Dr. Renee R. Ellerbroek
Sig	nature of Treasurer Electro	nically Filed by Dr. Renee R. Ellerbroek Date 1 2 0 2 2 0 1 0  neous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.
FE6	Office Use Only	FEC FORM 3X (Rev. 12/2004)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/97

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

write or Type Conn	millee Name		
College of Am	nerican Pathologist	s Political Action	on Committee

22 1 0 14 2010 2010 11 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 526230.47 Begining of Reporting Period ..... 82585.00 562238.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 608815.47 949645.60 6(a) and 6(c) for Column B) ..... 605958.13 265128.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 343687.47 343687.47 (subtract Line 7 from Line 6(d)) ..... 9. 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 / 97

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

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2010

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Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	68612.00	456348.00
(ii) Unitemized	13973.00	105890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	82585.00	562238.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	82585.00	562238.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
B. 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 Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	82585.00	562238.00
). Total Federal Receipts (subtract Line 18(c) from Line 19)	82585.00	562238.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 97

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: — (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	128.00	1767.35
	Expenditures(c) Total Operating Expenditures	128.00	1767.33
	(add 21(a)(i), (a)(ii) and (b))	128.00	1767.35
2.	Transfers to Affiliated/Other Party	5000.00	5000.00
3.	Committees Contributions to	5000.00	5000.00
	Federal Candidates/Committeesand Other Political Committees	260000.00	598780.68
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans 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		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	410.10
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	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	0.00	0.00
	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))	265128.00	605958.13
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	265128.00	605958.13

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 97

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)	82585.00	562238.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82585.00	562238.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	128.00	1767.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	128.00	1767.35

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	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 97 (check only one)    X
or for commercial NAME OF	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) 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.
E Mary Ada	(Last, First, Middle Initial) ms, Dr. dress 1255 W Washington S	State	Zip Code	Date of Receipt    M
<u>Tempe</u> FEC ID nu	mber of contributing tical committee.	AZ C	85281-1210	Amount of Each Receipt this Period 300.00
Receipt Fo		Occupation Patholog Aggregate		
Full Name P. James Al Mailing Add	<u> </u>	le		Date of Receipt  10 27 2010
	mber of contributing tical committee.	State MS	Zip Code 39211	Transaction ID: SA11AI.39543 Amount of Each Receipt this Period 500.00
<u>ial Hosp</u> Receipt Fo Prima	r:	Occupation Patholog Aggregate		
Full Name F Dale And				Date of Receipt    M
City Des Moin	es	State IA	Zip Code 50314-2611	Transaction ID: SA11AI.39422  Amount of Each Receipt this Period
federal poli	FEC ID number of contributing federal political committee.  Name of Employer Mercy Med Ctr-Des Moines  Detheler		n	1000.00
Receipt Fo	r:	Patholog		
SUBTOTAL	of Receipts This Page (optional)			1800.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 97 (check only one)    X
0	ny information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Ray Armand Mailing Address 1140 Business Center	r Dr Ste 370		Date of Receipt
	City Houston	State TX	Zip Code 77043-2742	Transaction ID: SA11AI.39441  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer MLD Pathology  Receipt For:  Primary  Other (specify)	Occupation Patholog Aggregate		
_ 3.	Full Name (Last, First, Middle Initial) Herbert Lloyd Arnold, Dr.  Mailing Address 900 Illinois Ave			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.39560
	Stevens Point  FEC ID number of contributing federal political committee.	C	54481-3114	Amount of Each Receipt this Period
	Name of Employer St Michael's Hosp	Occupatio Patholog	ist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ ;.	Full Name (Last, First, Middle Initial) Paul Bannister			Date of Receipt
	Mailing Address 6339 Riverview Ln	10 22 2010		
	City	State	Zip Code	Transaction ID: SA11AI.39280
	Dallas  FEC ID number of contributing federal political committee.	C	75248-2841	Amount of Each Receipt this Period  100.00
	Name of Employer Baylor Med Ctr @ Garland Pathologi			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
,	SUBTOTAL of Receipts This Page (optional) .	1		400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	not be sold or used by any person	13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  College of American Pathologists Po			
Full Name (Last, First, Middle Initial) Biorn Jiri Bedrnicek, Dr.			Date of Receipt
Mailing Address The Pathology Ctr 8303 Dodge St			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.39426
<u>Omaha</u>	NE	68114-4108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Methodist Hospital	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial) Steven Robert Beissner, Dr.	•		Date of Receipt
Mailing Address Dept. Of Pathology 2401 S 31st St			10 15 2010
City	State	Zip Code	Transaction ID: SA11AI.39526
<u>Temple</u>	TX	76508-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Scott and White Memorial Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Steven Robert Beissner, Dr.			Date of Receipt
Mailing Address Dept. Of Pathology 2401 S 31st St			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.39527
Temple	TX	76508-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Scott and White Memorial Hosp	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)	)		400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Peter Benson, Dr.  Mailing Address Pathology Department 3300 Oakdale North  City  Robbinsdale  FEC ID number of contributing federal political committee.  Name of Employer North Memorial Med Ctr  Receipt For:	State Zip Code MN 55422  C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Joseph Karl Blessinger, Dr.	250.00	Date of Receipt
Mailing Address Department of Patholo 172 4th Street SE  City  Huron  FEC ID number of contributing federal political committee.  Name of Employer Huron Regional Med Ctr  Receipt For:  Primary General Other (specify) ▼	State Zip Code SD 57350  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Transaction ID: SA11AI.39370  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) G. Jared Block, Dr.  Mailing Address 2928 Forest Park Dr  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas Med Ctr - University Receipt For: Primary General	State Zip Code NC 28209-1402  C  Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt    M   M   D   D   2 0 1 0   Transaction ID: SA11AI.39297   Amount of Each Receipt this Period   200.00
Other (specify)   SUBTOTAL of Receipts This Page (optional)	600.00	700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 97 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists Pathologi	d Statements may not be sold or used by any pers the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) G. Jared Block, Dr.  Mailing Address 2928 Forest Park Dr.  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas Med Ctr - University  Receipt For: Primary General Other (specify)	State Zip Code NC 28209-1402  C Occupation Pathologist  Aggregate Year-to-Date  750.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) K Andrea Blumberg, Dr. Mailing Address 800 SE 9th St  City Fort Lauderdale  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hosp West  Receipt For: Primary General Other (specify)	State Zip Code FL 33316-1230  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) J. Richard Boatsman, Dr.  Mailing Address Department of Patho Box 129  City Lawton  FEC ID number of contributing federal political committee.  Name of Employer Comanche County Mem Hosp  Receipt For: Primary General Other (specify)	State Zip Code OK 73502  C  Occupation Pathologist Aggregate Year-to-Date  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	2400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 97 (check only one)    X
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	Statements may not be sold or used by any personal ename and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joy Teri Bohlmeyer, Dr.  Mailing Address 25638 487th Ave  City Garretson  FEC ID number of contributing federal political committee.  Name of Employer Physicians Lab of NW Iowa  Receipt For: Primary Other (specify)	State Zip Code SD 57030  C  Occupation Pathologist  Aggregate Year-to-Date  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) L. David Booker, Dr.  Mailing Address Department of Pathologoge 2260 Wrightsboro Rd  City  Augusta  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Hosp  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) L. David Booker, Dr.  Mailing Address Department of Patholog 2260 Wrightsboro Rd  City  Augusta  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Hosp  Receipt For:  Primary General Other (specify)		Date of Receipt  M M M J D D J Z 2 0 1 0  Transaction ID: SA11AI.39270  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional) .		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 12 / 97 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists	g the name and address	of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. Eleni Bourtsos, Dr.  Mailing Address 5101 S Willow Spr	ings Rd		Date of Receipt
City <u>LaGrange</u>	IL 6	ip Code 60525	Transaction ID: SA11AI.39390  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer LaGrange Memorial Hosp	Occupation Pathologist		500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) D Mark Brissette, Dr. Mailing Address 1610 Little Raven S	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Z	Zip Code	Transaction ID: SA11AI.39599
Denver CO  FEC ID number of contributing federal political committee.  C		30202-6180	Amount of Each Receipt this Period
			100.00
Name of Employer VA Med Ctr-Denver	Occupation Pathologist		
Receipt For:  Primary  General  Other (specify)		to-Date ▼	
Full Name (Last, First, Middle Initial) T Izabela Burja, Dr.			Date of Receipt
Mailing Address Laboratory 908 West 4th North St			111 03 2010
City Morristown		Zip Code 37814	Transaction ID: SA11AI.39446  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			200.00
Name of Employer Morristown-Hamblen Hosp  Occupation Patholog			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 400.00	
	ı		800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 97 (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 to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any perso the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick Nicholas Byrne, Dr. Mailing Address 6028 Ocean View Di City Oakland  FEC ID number of contributing federal political committee.  Name of Employer John Muir Med Ctr-Walnut Creek Receipt For: Primary Other (specify)	r  State Zip Code CA 94618-1845  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Z. Rafael Campanini, Dr.  Mailing Address Department of Pathor 1044 N Francisco St City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Norwegian American Hosp  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) R Brian Carlson, Dr. Mailing Address 4733 Andrew Jackso  City Hermitage  FEC ID number of contributing federal political committee.  Name of Employer Pathologists Laboratory, PC  Receipt For:  Primary General Other (specify)	on Pkwy Ste G1  State Zip Code TN 37076  C  Occupation Pathologist  Aggregate Year-to-Date  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	)	950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Alexander Castiello		Date of Receipt
Mailing Address Lab 100 North Crest Dr		11 05 7 9 9 10
City	State Zip Code	Transaction ID: SA11AI.39461
Springfield	TN 37172	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NorthCrest Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) G James Collins, Dr.		Date of Receipt
Mailing Address 13855 E 14th St		10 15 YYYYY 10 15 2010
City	State Zip Code	Transaction ID: SA11AI.39525
San Leandro	CA 94578-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer San Leandro Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) M Jessica Comstock, Dr.		Date of Receipt
Mailing Address Dept Of Pathology 100 Mario Capecchi	Dr	1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39502
Salt Lake City	UT 84113-1103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Primary Childrens Medical Center	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
	1	1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	d Statements may not be sold or used by any personante name and address of any political committee to colitical Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C Carol Cooke-Dittmann, Dr.  Mailing Address Dept of Path 3401 W Gore Blvd  City Lawton  FEC ID number of contributing federal political committee.  Name of Employer Comanche County Mem Hosp  Receipt For:	State Zip Code OK 73502  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.	1000.00	Date of Receipt
Mailing Address 5620 East El Parqu  City  Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Centinela Hosp Med Ctr  Receipt For:  Primary General  Other (specify) ▼	State Zip Code CA 90815-4129  C  Occupation Pathologist  Aggregate Year-to-Date  800.00	Transaction ID: SA11AI.39300  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.  Mailing Address 5620 East El Parqu  City Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Centinela Hosp Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code CA 90815-4129  C  Occupation Pathologist  Aggregate Year-to-Date  900.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 5
SUBTOTAL of Receipts This Page (optional	)	1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 97 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Cote Mailing Address Holtz Ctr 2070			Date of Receipt  10 22 2010
City Miami  FEC ID number of contributing	State FL	Zip Code 33136-1005	Transaction ID: SA11AI.39376  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify)	Occupation Patholog Aggregate		300.00
Full Name (Last, First, Middle Initial) K. Dwayne Crabtree, Dr.  Mailing Address Department of Path 1000 W Tenth St	ology		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rolla FEC ID number of contributing federal political committee.	State MO	Zip Code 65401	Transaction ID: SA11AI.39494  Amount of Each Receipt this Period  250.00
Name of Employer Phelps County Reg Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		]
Full Name (Last, First, Middle Initial)  J Michael Crossey, Dr.  Mailing Address 1001 Woodward Pl	NE		Date of Receipt  1 1 0 7 2 0 1 0
City Albuquerque FEC ID number of contributing	State NM	Zip Code 87102	Transaction ID: SA11AI.39583  Amount of Each Receipt this Period
Name of Employer Tricore Reference Laborat- ories	Occupation Patholog	ist	1000.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona	))		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
College of American Pathologists Poli	itical Action C	Committee	
Full Name (Last, First, Middle Initial) Michael David Crossland, Dr.			Date of Receipt
Mailing Address Dept of Path 3435 Bailey Ave			10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39597
<u>Buffalo</u>	NY	14215-1145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer VA WNY Healthcare System	Occupation Pathologic		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 206.00	
Full Name (Last, First, Middle Initial) Michael David Crossland, Dr.			Date of Receipt
Mailing Address Dept of Path 3435 Bailey 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.39598
Buffalo  FEC ID number of contributing federal political committee.	C	14215-1145	Amount of Each Receipt this Period  21.00
Name of Employer VA WNY Healthcare System	Occupation Pathologic		
Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 227.00	
Full Name (Last, First, Middle Initial) A Barbara Crothers, Col			Date of Receipt
Mailing Address 6481 Topsails Ln			11 04 2010
City	State	Zip Code	Transaction ID: SA11AI.39326
Springfield	VA	22150-7837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer 44th Path Team	Occupation Pathologic		
Receipt For:  Primary  General  Other (specify)	<del>, '                                     </del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			292.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 18 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports 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	
Full Name (Last, First, Middle Initial) L. Jeffrey Curtis, Dr.		Date of Receipt
Mailing Address Department of Pa 1601 Ygnacio Val City		1 0 2 8 2 0 1 0  Transaction ID: SA11AI.39379
Walnut Creek	CA 94598-3194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer John Muir Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. David Danner, Dr.  Mailing Address Laboratory		Date of Receipt
219 S Washingto		10 22 2010
City	State Zip Code	Transaction ID: SA11AI.39414
Easton	MD 21601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Memorial Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Melissa Peggy Delahoussaye, Dr.		Date of Receipt
Mailing Address 4922 Linden St		10 26 7 2010
City	State Zip Code	Transaction ID: SA11AI.39439
Bellaire  FEC ID number of contributing federal political committee.	TX 77401-4435	Amount of Each Receipt this Period  250.00
Name of Employer MLD Pathology	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists Pathologi	d Statements may not be sold or used by any perthe name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) H. Phillip Deos, Dr.  Mailing Address 2625 Coffee Road		Date of Receipt  1 1 1 1 6 2 0 1 0
City  Modesto  FEC ID number of contributing	State Zip Code CA 95355	Transaction ID: SA11AI.39620  Amount of Each Receipt this Period  200.00
Name of Employer Yosemite Pathology Med Grp  Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) S. Paul Dickman, Dr.  Mailing Address Department of Pathors 1919 E Thomas Rd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix  FEC ID number of contributing federal political committee.	State Zip Code  AZ 85016-7710  C	Transaction ID: SA11AI.39495  Amount of Each Receipt this Period  500.00
Name of Employer Phoenix Children's Hosp  Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) S. Paul Dickman, Dr.  Mailing Address Department of Patho	plogy/Laboratory	Date of Receipt
1919 E Thomas Rd City Phoenix FEC ID number of contributing federal political committee.	State Zip Code AZ 85016-7710  C	Transaction ID: SA11AI.39496  Amount of Each Receipt this Period  500.00
Name of Employer Phoenix Children's Hosp  Receipt For: Primary General	Occupation Pathologist  Aggregate Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional	1000.00	1200.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 20 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports around for commercial purposes, other than using	nd Statements may not be the name and address o	e sold or used by any perso of any political committee to	13 14 15 16 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full)  College of American Pathologists F			
Full Name (Last, First, Middle Initial) Marilyn Virginia Donovan, Dr.			Date of Receipt
Mailing Address 26 Pine Dr N			M M / D D / Y Y Y Y Y 1 Y 1 1 1 2 2 2 2 2 0 1 0
City	State Z	ip Code	Transaction ID: SA11AI.39617
Roslyn	NY 1	1576-2037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Winthrop Univ Hosp	Occupation Pathologists		
Receipt For: Primary General	Aggregate Year-		1
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) F Michael Doyle, Dr.			Date of Receipt
Mailing Address 1320 Mercy Dr Nw			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Z	ip Code	Transaction ID: SA11AI.39420
Canton	OH 4	4708-2641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Mercy Med Ctr	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) M. Adam Dubin, Dr.			Date of Receipt
Mailing Address Department of Path 120 N Oak St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: SA11AI.39361
<u>Hinsdale</u>	<u>IL</u> 6	0521-3829	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Hinsdale Hosp	Occupation Pathologist		
Receipt For:	Aggregate Year-	to-Date <b>V</b>	
Primary General Other (specify) ▼		300.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr.			Date of Receipt
Mailing Address Department of Path  1783 El Camino Re	eal	71.0	10 29 2010
City	State	Zip Code	Transaction ID: SA11AI.39492
Burlingame	CA	94010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Peninsula Med Ctr	Occupation Patholog		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Michelle Leigh Ehrlich Powers, Dr.	•		Date of Receipt
Mailing Address 262 Vivaron Ave			11 03 2010
City	State	Zip Code	Transaction ID: SA11AI.39579
Saint Charles	MO	63303-4213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Washington Univ Sch of Med	Occupation Patholog		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. David Eisenstein, Dr.			Date of Receipt
Mailing Address Department of Path 1 Medical Village D			11 / 19 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39545
Edgewood	KY	41017	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		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	600.00	
SUBTOTAL of Receipts This Page (optional	al)l		800.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	BX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 97 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  College of American Pathologists	ng the name and add	ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. David Eisenstein, Dr.  Mailing Address Department of Pa			Date of Receipt  1 1 2 2 2 2 0 1 0
1 Medical Village City Edgewood	State KY	Zip Code 41017	Transaction ID: SA11AI.39546  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41017	300.00
Name of Employer St. Elizabeth Med Ctr	Occupation Pathologic		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) G Paul Ellerbeck, Dr. Mailing Address 250 Mercy Dr RM			Date of Receipt  10 15 2010
PO Box 731 City	State	Zip Code	Transaction ID: SA11Al.39480
Dubuque	IA	52004-0731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Pathology Associates	Occupation Pathologic		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) E. Janice Errick, Dr.			Date of Receipt
Mailing Address 521 East 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.39396
Lockport  FEC ID number of contributing federal political committee.	C	14094-3201	Amount of Each Receipt this Period  300.00
Name of Employer Lockport Memorial Hosp	Occupation Pathologic		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
			1350.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 / 97 (check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   1
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may rusing the name and addre	not be sold or used by any persons 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 Patholog	ists Political Action Co	ommittee	
Full Name (Last, First, Middle Initia	)		
. Edward Ewing  Mailing Address Lab  405 W Grand	Δνο		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.39347
Dayton	OH	45459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer Grandview Hosp	Occupation Pathologis	ıt.	
Receipt For:	<del>- ' '</del>	rear-to-Date ▼	
Primary General Other (specify) ▼		1500.00	]
Full Name (Last, First, Middle Initia P. Kevaghn Fair, Dr.	)		Date of Receipt
Mailing Address 733 Boush St	Ste 200		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.39331
Norfolk	VA	23510-1501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Dominion Pathology Labora- tories	Occupation Pathologis	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initia R. Marc Filstein, Dr.	)		Date of Receipt
Mailing Address Department o			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.39514
Reading	PA	19612-6052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Reading Hosp & Med Ctr	Occupation Pathologis	it	
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	]
SUBTOTAL of Receipts This Page (o	untional)		2100.00
GODIOTAL OF TRECEIPES THIS Fage (C	puonan		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 97 (check only one)    X
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) College of American Pathologi	orts and Statements may not be sold or used by any person using the name and address of any political committee to sts Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G. Kenneth Flanagan, Dr.  Mailing Address Clinical Lab 1003 Willow Ci		Date of Receipt  10 27 2010
City Prescott	State Zip Code AZ 86301-1645	Transaction ID: SA11AI.39618  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Yavapai Regional Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]
Full Name (Last, First, Middle Initial)  M. Margaret Flanagan, Dr.  Mailing Address 50 Kenwood R		Date of Receipt
City Chambersburg FEC ID number of contributing federal political committee.	State Zip Code PA 17201-1256	Transaction ID: SA11AI.39572  Amount of Each Receipt this Period  500.00
Name of Employer The Chambersburg Hospital	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr.		Date of Receipt
Mailing Address Apt 8 D 215 E 95th St		M M / D D / Y Y Y Y Y 1 1 1 5 2 0 1 0
City New York	State Zip Code NY 10128	Transaction ID: SA11AI.39451  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mt Sinai Schl of Med	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (o	otional)	850.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 97 (check only one)    X   11a
or for commercial purposes, other NAME OF COMMITTEE (In	er than using the name and a	ddress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Elizabeth Mary Fowkes, Dr. Mailing Address Apt 8 D 215 E 95	<u> </u>		Date of Receipt
City New York	State NY	Zip Code 10128	Transaction ID: SA11AI.39452
FEC ID number of contributir federal political committee.		10120	Amount of Each Receipt this Period  125.00
Name of Employer Mt Sinai Schl of Med	Occupat Patholo		
Receipt For:  Primary Gene Other (specify) ▼		tte Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle J Stanley Geyer, Dr. Mailing Address 3 Willow	· 		Date of Receipt
City Pittsburgh	State PA	Zip Code 15238	Transaction ID: SA11AI.39345  Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		150.00
Name of Employer unaffiliated	Occupat Patholo		
Receipt For:  Primary Gene  Other (specify) ▼	55 5	tte Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle M Paul Gibbs, Dr.	e Initial)		Date of Receipt
Mailing Address 2308 Sa	ndridge Dr		111 / 22 / Y Y Y Y Y Y Y
City <u>Dayton</u>	State OH	Zip Code 45439-1856	Transaction ID: SA11AI.39316  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C		1000.00
Name of Employer CompuNet Clinical Labs	Occupat Patholo		
Receipt For:  Primary Gene Other (specify) ▼	Aggrega	tte Year-to-Date 1000.00	
SUBTOTAL of Receipts This F	Page (optional)		1275.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action (	Committee	
Full Name (Last, First, Middle Initial) E Sarah Gibson, Dr.			Date of Receipt
Mailing Address 9260 Stony Crest Cir A	Apt 733		1 1 1 5 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39607
Richmond	VA	23235-6889	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Virginia Commonwealth Uni- versity Schoo	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) J. Alexandra Gillespie, Dr.	ı		Date of Receipt
Mailing Address 3111 Beverly Dr			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.39475
<u>Dallas</u>	TX	75205-2922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PathAdvantage Assoc	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) F. Eric Glassy, Dr.			Date of Receipt
Mailing Address 19951 Mariner Ave Ste	e 160		1 1 1 6 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39256
Torrance	CA	90503-1738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Little Company of Mary Ho- sp-Torrance	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) A Gary Gochman, Dr.			Date of Receipt
Mailing Address Lab 9333 E Imperial Hwy	/		11 03 7 9 9 10
City	State	Zip Code	Transaction ID: SA11AI.39380
Downey	CA	90242-2812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kaiser Downey Medical Cen- ter	Occupation Patholog		7
Receipt For:	_,	Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Anne Julie Gulizia, Dr.			Date of Receipt
Mailing Address 6819 Fallbrook Ct			1 1 2 2 2 2 1 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39477
Colleyville	TX	76034-6571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PathAdvantage Assoc	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) E Allan Hallquist, Dr.			Date of Receipt
Mailing Address 13351 Rosehawk Dr			10 29 2010
City	State	Zip Code	Transaction ID: SA11AI.39327
Morningview	KY	41063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kings Daughters Med Ctr	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	d Statements may not be sold or used by any per the name and address of any political committee olitical Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E. Thomas Hanes, Dr.  Mailing Address Main Lab 3441 Dickerson Pike	e State Zip Code	Date of Receipt  10 15 2010  Transaction ID: SA11AI.39533
Nashville  FEC ID number of contributing federal political committee.	TN 37207	Amount of Each Receipt this Period 500.00
Name of Employer Skyline Med Ctr  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial) Alan Douglas Hansen, Dr. Mailing Address 7620 Overlake Dr W	<b>/</b>	Date of Receipt  1 1 2 2 2 2 0 1 0
City  Medina  FEC ID number of contributing federal political committee.	State Zip Code WA 98039-4733	Transaction ID: SA11AI.39509  Amount of Each Receipt this Period  250.00
Name of Employer Puget Sound Inst of Pathology PLLC Receipt For:  Primary  General  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Joseph Richard Hare, Dr.  Mailing Address 6317 Elm Crest Ct		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Ft Worth	State Zip Code TX 76132-4308	Transaction ID: SA11AI.39500  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Plaza Med Ctr of Ft Worth	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 97 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	ical Action (	Committee	
Full Name (Last, First, Middle Initial) D. Brent Hartsell, Dr.			Date of Receipt
Mailing Address 1923 S Utica 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.39547
Tulsa	OK	74104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St John Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D. Jeff Harvell, Dr.			Date of Receipt
Mailing Address Bethesda Dermatopath 1730 Elton Road	iology		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.39284
Silver Spring  FEC ID number of contributing federal political committee.	MD C	20903	Amount of Each Receipt this Period 250.00
Name of Employer unaffiliated	Occupatio Patholog		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joseph Michael Hayes, Dr.			Date of Receipt
Mailing Address Apt 4403 1020 S Mesa Hills Drive	e		1 1 2 2 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39507
El Paso	TX	79912-5111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Providence Memorial Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 97 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  N. Gene Herbek, Dr.  Mailing Address The Pathology Cent 8303 Dodge St			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Omaha  FEC ID number of contributing federal political committee.	State NE	Zip Code 68114	Transaction ID: SA11AI.39425  Amount of Each Receipt this Period  225.00
Name of Employer Methodist Hospital  Receipt For: Primary General Other (specify)	Occupation Pathologi Aggregate		
Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr.  Mailing Address The Pathology Cent 8303 Dodge St  City	ter State	Zip Code	Date of Receipt    M
Omaha FEC ID number of contributing federal political committee.	NE C	68114	Amount of Each Receipt this Period  225.00
Name of Employer Methodist Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologi Aggregate		]
Full Name (Last, First, Middle Initial) B John Herrington, Dr.  Mailing Address 300 Mamaroneck A	ve Apt 401		Date of Receipt
City	State	Zip Code	1 1 2 2 2 1 0 1 0 Transaction ID: SA11Al.39614
White Plains  FEC ID number of contributing federal political committee.	C	10605-6418	Amount of Each Receipt this Period  250.00
Name of Employer White Plains Hospital Cen- ter Receipt For:	Occupation Pathologi		
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (optiona			700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(crick only one)
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G Thomas Hirose, Dr.  Mailing Address 4061 Davenport Dr		Date of Receipt
City  Huntington Beach  FEC ID number of contributing federal political committee.	State Zip Code CA 92649-4223	Transaction ID: SA11AI.39346  Amount of Each Receipt this Period  500.00
Name of Employer Good Samaritan Hosp  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼	0
Full Name (Last, First, Middle Initial) G. Melvin Hoshiko, Dr.  Mailing Address Pathology Departme 2801 Atlantic Ave  City  Long Beach	ent State Zip Code CA 90801-1428	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Long Beach Memorial Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date  250.00	250.00
Full Name (Last, First, Middle Initial) H. Lydia Howard, Dr.  Mailing Address Pathology Departme 4300 Alton Road	ent	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Miami Beach  FEC ID number of contributing federal political committee.	State Zip Code FL 33140  C	Transaction ID: SA11AI.39450  Amount of Each Receipt this Period  500.00
Name of Employer Mt. Sinai Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	0
SUBTOTAL of Receipts This Page (optional	)	1250.00

[7	FEMIZED RECEIPTS  Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and ad	dress of any political committee to	solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) G Robert Huber, Dr.			Date of Receipt
	Mailing Address 2504 Serravalle St NW			10 15 2010
	City	State	Zip Code	Transaction ID: SA11Al.39622
	Uniontown	OH	44685-5727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer unaffiliated	Occupation Patholog		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Andrew Michael Huening, Dr.			Date of Receipt
	Mailing Address Department of Patholo WakeMed Health & Ho			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.39512
	Raleigh	NC	27610-1231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Raleigh Pathology Lab Ass- oc PA	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1750.00	
_ >.	Full Name (Last, First, Middle Initial) L. Robert Hunter, Dr.			Date of Receipt
	Mailing Address Department of Patholo 6431 Fannin	gy		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.39596
	Houston	TX	77030-2017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Univ of TX-Houston Med Sc- hool	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1450.00
F.	SOBTOTAL OF NECERPLS THIS Page (OPLIONAL)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 33/9/   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress 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 F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) Sanaa Hussain			Date of Receipt
Mailing Address 4805 NE Glisan St			M M / D D / Y Y Y Y Y Y 1 1 0 2 6 2 0 1 0
City Portland	State OR	Zip Code 97213-2933	Transaction ID: SA11AI.39508  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Providence Portland Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) S. Mehraboon Irani, Dr.	I		Date of Receipt
Mailing Address Medical Director Blood Systems Lab	oratories		1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State AZ	Zip Code	Transaction ID: SA11AI.39630
Tempe FEC ID number of contributing federal political committee.	C	85282-3113	Amount of Each Receipt this Period 500.00
Name of Employer unaffiliated	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' ' </del>	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr.			Date of Receipt
Mailing Address Pathology & Clinica 725 North Street	al Labs		M M / D D / Y Y Y Y Y Y 1 1 0 2 7 2 0 1 0
City Pittsfield	State MA	Zip Code 01201	Transaction ID: SA11AI.39283  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Berkshire Health Systems	Occupation Patholog		7
Receipt For:  Primary General  Other (specify) ▼	<del>''</del>	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I		1700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 34/97   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action C	Committee	
Full Name (Last, First, Middle Initial) Bruce David Jones, Dr.			Date of Receipt
Mailing Address Dept of Path 1001 S George St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City York	State PA	Zip Code 17403-3676	Transaction ID: SA11AI.39619  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer York Hosp	Occupation Pathologi		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D Jack Jones, Dr.			Date of Receipt
Mailing Address 200 Portland St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbia	State MO	Zip Code 65201-6525	Transaction ID: SA11AI.39291  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3020.00	200.00
Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Pathologi		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dennis Kasimian			Date of Receipt
Mailing Address 15107 Vanowen St			11 03 2010
City Van Nuys	State CA	Zip Code 91405-4542	Transaction ID: SA11AI.39603  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31403-4342	250.00
Name of Employer Valley Presbyterian Hosp	Occupation Pathologi		
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			650.00

ITE Any i	HEDULE A (FEC Form 3X) MIZED RECEIPTS  Information copied from such Reports and Sta	Use separate schedule for each category of the Detailed Summary Pagetements may not be sold or used by an	y person for the purpose of soliciting contributions
or for	r commercial purposes, other than using the n AME OF COMMITTEE (In Full) College of American Pathologists Politic	ame and address of any political comm	ittee to solicit contributions from such committee.
A. SMM Ci A Fi fe	ull Name (Last, First, Middle Initial) Carolyn Katzen, Dr. lailing Address Dept of Path 1364 Clifton Rd NE, Ste ity atlanta EC ID number of contributing ederal political committee.  ame of Employer mory Univ Hosp  eccipt For: Primary General Other (specify)	C179 State Zip Code GA 30322-1064  C  C  C  C  C  C  C  C  C  C  C  C  C	Date of Receipt    M M M
B. Lc M	ull Name (Last, First, Middle Initial) ouise Cyenthia Koehler, Dr. lailing Address Lab Svc 18701 N 67th Ave ity Glendale EC ID number of contributing oderal political committee.  ame of Employer rrowhead Community Hosp eceipt For: Primary General Other (specify)	State Zip Code AZ 85808  C  Occupation Pathologist  Aggregate Year-to-Date  250.0	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 0 8 2 0 1 0  Transaction ID: SA11AI.39266  Amount of Each Receipt this Period  250.00
C. DMM	ull Name (Last, First, Middle Initial) Mark Kolins, Dr. lailing Address 3601 W. 13 Mile Road lity Royal Oak EC ID number of contributing ederal political committee.  ame of Employer Villiam Beaumont Hosp eceipt For: Primary General Other (specify)	State Zip Code MI 48073-6769  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt    M M M
SUB	BTOTAL of Receipts This Page (optional)		1250.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 97 (check only one)    X
or for	information copied from such Reports and S r commercial purposes, other than using the AME 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. <u>S</u> M C A Fi	ull Name (Last, First, Middle Initial) Jonathan Krauss, Dr. lailing Address 3005 Vassar Dr ity Lugusta  EC ID number of contributing ederal political committee.  lame of Employer Inaffiliated	State GA C Occupation Pathology		Date of Receipt  10 28 2010  Transaction ID: SA11AI.39626  Amount of Each Receipt this Period  50.00
R	eceipt For: Primary General Other (specify)	<del>, '                                     </del>	e Year-to-Date ▼ 350.00	]
<b>B.</b> <u>A</u> M	ull Name (Last, First, Middle Initial) . John Laczin, Dr. lailing Address 1950 Mulsanne Drive			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>Z</u> Fl	ity Zionsville EC ID number of contributing ederal political committee.	State IN C	Zip Code 46077	Transaction ID: SA11AI.39320  Amount of Each Receipt this Period  250.00
C <u>Ir</u>	ame of Employer ovance Central Lab Svcs, nc eccipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
). <u>D</u>	ull Name (Last, First, Middle Initial) . Ragini Lakhia, Dr. lailing Address 1140 Business Ctr Dr	370		Date of Receipt  1 0 2 6 2 0 1 0
<u>H</u>	ity Houston EC ID number of contributing	State TX	Zip Code 77043-2737	Transaction ID: SA11AI.39440  Amount of Each Receipt this Period
fe N	ame of Employer pplied Diagnostics, Inc	Occupation Patholog		250.00
R	eceipt For: Primary General Other (specify)	<del>, '</del>	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)		······	550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action	Committee	
•	Full Name (Last, First, Middle Initial) R Paula Larson, Dr. Mailing Address 7700 Floyd Curl Dr			Date of Receipt
	Mailing Address 7700 Floyd Curl Dr			10 28 2010
	City	State	Zip Code	Transaction ID: SA11AI.39540
	San Antonio	TX	78229-3979	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Southwest Texas Methodist Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		700.00	
	Full Name (Last, First, Middle Initial) L. Patrick Lawson, Dr.	1		Date of Receipt
	Mailing Address 3757 NW Ridgeway Cir			11 22 YYYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.39456
	Bremerton	WA	98312-1711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Naval Hospital Bremerton	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) B Ronald Lepoff, Dr.			Date of Receipt
	Mailing Address UCH Clinical Lab, Ma 12401 East 17th Ave,	Rm 292		11 08 7 9 9 9
	City	State	Zip Code	Transaction ID: SA11AI.39587
	Aurora	CO	80045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Univ of Colorado Hosp Aut- hority	Occupation Patholog	jist	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		800.00	
_	UBTOTAL of Receipts This Page (optional) .	1		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 97 (check only one)    X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action	Committee	
	Full Name (Last, First, Middle Initial)  Edwin Leschhorn  Mailing Address Meridian Health Syste			Date of Receipt
	Dept of Pathology	3111		10 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.39521
	Red Bank	NJ	07701-7701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Riverview Medical Center	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr.	1		Date of Receipt
	Mailing Address Lab Medicine and Pathology P4 701 Park Ave			10 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.39358
	Minneapolis	MN	55415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Hennepin County Med Ctr	Occupation Patholog		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) B. Margaret Listrom, Dr.			Date of Receipt
	Mailing Address 2800 Waymaker Way #31			11 09 2010
	City	State	Zip Code	Transaction ID: SA11AI.39307
	Austin	TX	78746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clinical Pathology Assoc	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
Г		l		1700.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied or for commercial purp	from such Reports and Statemenoses, other than using the name a	ts may not be sold or used by any person nd address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMI College of Amer	TTEE (In Full) ican Pathologists Political Ac	tion Committee	
Full Name (Last, Fi L. Fernando Lomba,			Date of Receipt
	Department of Pathology 809 E Marion Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Punta Gorda	Sta FL	'	Transaction ID: SA11AI.39303
FEC ID number of federal political con	contributing	33950	Amount of Each Receipt this Period  270.00
Name of Employer Charlotte Regional	Mod Ctr	upation nologist	
Receipt For: Primary Other (specif	General	regate Year-to-Date ▼ 270.00	
	Department of Pathology	Date of Receipt	
City	7 Kraft Ave	1 1 2 2 2 0 1 0 Transaction ID: SA11Al.39292	
<u>Bronxville</u>	N'	'	Amount of Each Receipt this Period
FEC ID number of federal political con			100.00
Name of Employer Bronxville Patholog	,	upation nologist	
Receipt For: Primary Other (specif	General	regate Year-to-Date ▼ 250.00	
Full Name (Last, Fi A Ruth Macke, Dr.	rst, Middle Initial)		Date of Receipt
Mailing Address	Dept of Pathology 026 A Ave NE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cedar Rapids	Sta IA	ate Zip Code 52402-5036	Transaction ID: SA11AI.39556
FEC ID number of	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer St Luke's Hosp		upation nologist	
Receipt For: Primary Other (specif	General	regate Year-to-Date ▼ 1000.00	
SUBTOTAL of Recei	ots This Page (optional)		1370.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C John Maddox, Dr.  Mailing Address Ste 210 12200 Warwick Blvc			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Newport News  FEC ID number of contributing federal political committee.	State VA	Zip Code 23601-1975	Transaction ID: SA11AI.39520  Amount of Each Receipt this Period  250.00
Name of Employer Riverside Reg Med Ctr  Receipt For:  Primary  General  Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) S Larry Mapow, Dr. Mailing Address 901 Easy St	Date of Receipt    M		
City  Millville  FEC ID number of contributing federal political committee.	State NJ	Zip Code 08332	Transaction ID: SA11AI.39537  Amount of Each Receipt this Period  250.00
Name of Employer South Jersey Healthcare RMC Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) W. Alvin Martin, Dr.  Mailing Address Cpa Laboratory 2307 Greene Way			Date of Receipt  10 29 2010
City  Louisville  FEC ID number of contributing federal political committee.	State KY	Zip Code 40220-4009	Transaction ID: SA11AI.39466  Amount of Each Receipt this Period  200.00
Name of Employer Norton Healthcare Receipt For:	Occupation Patholog Aggregate		
Primary General Other (specify) ▼	0 0	450.00	
SUBTOTAL of Receipts This Page (optional)	)		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 97 (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 address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Joe McFarlane, Mr.  Mailing Address PO Box 72059  City Eugene  FEC ID number of contributing federal political committee.  Name of Employer Pathology Consultants PC  Receipt For: Primary General Other (specify)	State Zip Code OR 97401-0285  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   2 2   2 0 1 0
Full Name (Last, First, Middle Initial) Leo Jane Messina, Dr.  Mailing Address MCC Lab 12902 Magnolia Dr  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer H Lee Moffitt Cancer Ctr  Receipt For: Primary General Other (specify)	State Zip Code FL 33612  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1
Full Name (Last, First, Middle Initial) Andrew Joseph Migliozzi, Dr.  Mailing Address United Pathology 610 W Dr Martin Luth City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Marnic Inc LLC  Receipt For: Primary General Other (specify)	er King Jr Blv State Zip Code FL 33603-3450  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M J D D D J 2010  Transaction ID: SA11AI.39405  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional) .		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 97 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Gerald Minkowitz			Date of Receipt
	Mailing Address 904 49th St	Stata	7in Codo	10 27 2010
	City Brooklyn	State NY	Zip Code 11219	Transaction ID: SA11AI.39436  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Minkowitz Consultant Path- ology	Occupation Patholog		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
– В.	Full Name (Last, First, Middle Initial) Stanley Minkowitz			Date of Receipt
	Mailing Address 904 49th St			11 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.39437
	Brooklyn	NY	11219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Minkowitz Consultant Path- ology	Occupation Patholog		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		1000.00	
_ С.	Full Name (Last, First, Middle Initial) R. Alex Mitchell, Dr.			Date of Receipt
	Mailing Address 4920 Wellington Driv			11 19 2010
	City Macon	State GA	Zip Code 31210	Transaction ID: SA11AI.39308
	FEC ID number of contributing federal political committee.	C	31210	Amount of Each Receipt this Period 250.00
	Name of Employer Coliseum Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
t	TOTAL This Period (last page this line numb			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 43/9/   (check only one)			
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress 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	Political Action (	Committee				
Full Name (Last, First, Middle Initial) G Ellen Moffatt, Dr.			Date of Receipt			
City Redwood City	State CA	Zip Code 94062-2003	Transaction ID: SA11AI.39411  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	3+002 2000	200.00			
Name of Employer Med Examiners Ofc-San Fra- ncisco	Occupation Patholog					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) Flint Stephen Morris, Dr.	I		Date of Receipt			
Mailing Address Department of Pat 1395 South Pinella	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	·					
Tarpon Springs	FL	34689	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Helen Ellis Memorial Hosp	Occupation Patholog					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr.			Date of Receipt			
Mailing Address 1000 E 21st St Ste 4100			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Sioux Falls	State SD	Zip Code 57117-5050	Transaction ID: SA11AI.39498  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	07117 0000	500.00			
Name of Employer Physicians Laboratory Ltd	Occupation Patholog					
Receipt For:  Primary General  Other (specify) ▼	<del></del> '	Year-to-Date ▼ 1500.00				
SUBTOTAL of Receipts This Page (option	nal)		950.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 97 (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 NAME OF COMMITTEE (In Full)  College of American Pathologists Pathologi	d Statements may not be sold or used by any person the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alan David Novis, Dr. Mailing Address 18 Toon Ln  City Lee	State Zip Code NH 03861-6507	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Oxford Immunotec  Receipt For:  Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date  400.00	200.00
Full Name (Last, First, Middle Initial) R Bahram Oliai, Dr. Mailing Address IHC Laboratory 1355 River Bend Dr City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Propath Lab, Inc.  Receipt For: Primary General Other (specify)	State Zip Code TX 75247-4915  C  Occupation Pathologist  Aggregate Year-to-Date ▼  725.00	Date of Receipt  M M M / D D M 28 / 2010  Transaction ID: SA11Al.39503  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) J Arcadio Oliva, Dr.  Mailing Address 11088 NW 17th PI  City Coral Springs  FEC ID number of contributing federal political committee.  Name of Employer Ameripath South FL  Receipt For: Primary General Other (specify)	State Zip Code FL 33071-6329  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D D / Y Y Y Y Y  1 1 1 0 3 20 1 0  Transaction ID: SA11Al.39261  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional	)	950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 97 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and addres	s of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C Tushar Padhya, Dr.  Mailing Address 1008 Boxwood Dr			Date of Receipt
City  Munster  FEC ID number of contributing	State IN	Zip Code 46321-2841	1 1 0 8 2 0 1 0  Transaction ID: SA11AI.39424  Amount of Each Receipt this Period  250.00
Name of Employer Methodist Hosp  Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year	ar-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) T. William Pastuszak, Dr.  Mailing Address Department of Path 80 Seymour St.  City  Hartford	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee.  Name of Employer Hartford Hosp  Receipt For:  Primary General  Other (specify)	Occupation Pathologist Aggregate Yea	ar-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) D Eva Patalas, Dr.  Mailing Address Dept of Pathology 1493 Cambridge St  City Cambridge  FEC ID number of contributing federal political committee.	State MA	Zip Code 02139-1099	Date of Receipt    M M
Name of Employer Cambridge Health Alliance  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist Aggregate Yea	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	)		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 46/9/   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress 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 F	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) S Gary Pearl, Dr.			Date of Receipt
Mailing Address Dept of Path 1414 Kuhl Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Orlando	State FL	Zip Code 32806-2008	Transaction ID: SA11AI.39471  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Pathology Specialists, P A.	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Marie Ila Peterson, Dr.			Date of Receipt
Mailing Address 501 Anthonys Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Exton	State PA	Zip Code	Transaction ID: SA11AI.39401
FEC ID number of contributing federal political committee.	C	19341-2349	Amount of Each Receipt this Period
Name of Employer Main Line Hith Labs	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ , '</del>	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Abraham Philip			Date of Receipt
Mailing Address Department of Pathology 10500 Montgomery Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45242-4402	Transaction ID: SA11AI.39285  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10272 1102	100.00
Name of Employer Bethesda North Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) W. Roy Phillips, Dr.		Date of Receipt
Mailing Address Suncoast Path 446 Tamiami Trl S # 2	ND FLOOR	11 08 2010
City	State Zip Code	Transaction ID: SA11AI.39636
Venice	FL 34285-2630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) A Julie Plumbley, Dr.	,	Date of Receipt
Mailing Address Dept of Path 70 Med Ctr Cir Ste 309		111 03 2010
City Fishersville	State Zip Code VA 22939-2273	Transaction ID: SA11AI.39287  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Blue Ridge Pathologists	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Ray Matthew Plymyer, Dr.		Date of Receipt
Mailing Address 506 Devonhall Ln		10 21 7 2010
City	State Zip Code	Transaction ID: SA11AI.39608
Cary	NC 27518-2658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Wake Med Ctr	Occupation Pathologist	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)	·	2300.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(,</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 48/9/   (check only one)	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements mathe name and add	y 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 P	olitical Action	Committee		
Full Name (Last, First, Middle Initial) N. David Pope, Dr.			Date of Receipt	
Mailing Address 1 St. Vincent Circle PO Box 55148	M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 1 0			
City Little Rock	State AR	Zip Code 72215-5148	Transaction ID: SA11AI.39264	
FEC ID number of contributing federal political committee.	C	72213-3140	Amount of Each Receipt this Period 250.00	
Name of Employer St Vincent Infirmary	Occupatio Patholog			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) H Karl Proppe, Dr.  Mailing Address 200 Corporate PI St	te 7		Date of Receipt	
	City State Zip Code			
Peabody	MA	21p Code 01960-3840	Transaction ID: SA11AI.39317  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		200.00	
Name of Employer Converge Diagnostic Servi- ces LLC	Occupatio Patholog			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify)		500.00	]	
Full Name (Last, First, Middle Initial) M James Pullman, Dr.			Date of Receipt	
Mailing Address Surgical Pathology 4th FIr Foreman Pa	vilion		10 22 7 2010	
City Bronx	State NY	Zip Code 10467-2401	Transaction ID: SA11AI.39442  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10107 2101	100.00	
Name of Employer Albert Einstein Coll of Med	Occupatio Patholog	ist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00		
SUBTOTAL of Receipts This Page (optional	1		550.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 97 (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 to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any personal Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W.H. Dini Rada, Dr.	Milital Action Committee	Date of Receipt
Mailing Address Department of Patho PO Box 1707	<u> </u>	1 1 1 8 2 0 1 0
City <u>Avon Park</u>	State Zip Code FL 33826-1707	Transaction ID: SA11AI.39356  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Heartland Pathology Assoc, PA	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Shrin Rajagopalan Mailing Address 1900 Kildaire Farm F	Rd	Date of Receipt  1 1 0 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39609
Cary  FEC ID number of contributing federal political committee.	NC 27518-6616	Amount of Each Receipt this Period  1000.00
Name of Employer WakeMed Cary Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) R. Rafael Ramirez-Weiser, Dr.	1	Date of Receipt
Mailing Address G.PO Box 36-6258		M M / D D / Y Y Y Y Y Y 1 1 1 0 5 2 0 1 0
City San Juan	State Zip Code PR 00936	Transaction ID: SA11AI.39633  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1600.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 97 (check only one)    X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to		
College of American Pathologists F	Political Action Committee		
Full Name (Last, First, Middle Initial) Arundhati Rao		Date of Receipt	
Mailing Address Department of Path 2401 S 31st Street		11 08 2010	
City <u>Temple</u>	State Zip Code TX 76508	Transaction ID: SA11AI.39528	
FEC ID number of contributing federal political committee.	C 76506	Amount of Each Receipt this Period 500.00	
Name of Employer Scott and White Memorial Hosp	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) Ann Ruth Reardon, Dr.		Date of Receipt	
Mailing Address 1915 West Beebe C	Capps Expy	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.39387	
<u>Searcy</u>	AR 72143	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Lab of Path, PA	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Assunta Monica Recine, Dr.	-	Date of Receipt	
Mailing Address Dept of Path 4300 Alton Rd		11 03 7 9 9 9	
City Miami Beach	State Zip Code FL 33140-2800	Transaction ID: SA11AI.39449  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C 33140-2800	500.00	
Name of Employer Mt Sinai Med Ctr	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
SURTOTAL of Receipts This Page (options	d)	1250.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polyage (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) M. Susan Rendon, Dr.  Mailing Address 913B North Blvd Eac  City  Leesburg	st State FL	Zip Code 34748	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	34740	1000.00
Name of Employer Pathology Medical Laborat- ories, PA Receipt For:  Primary  General  Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) Edward James Richard, Dr.  Mailing Address 401 W. Greenlawn	1		Date of Receipt  1 1 2 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39373
<u>Lansing</u>	MI	48910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Ingham Reg Med Ctr	Occupation Patholog	ist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Y Jae Ro, Dr.	<b>'</b>		Date of Receipt
Mailing Address Dept of Path 6565 Fannin			11 08 2010
City	State	Zip Code	Transaction ID: SA11AI.39427
Houston  FEC ID number of contributing federal political committee.	C	77030	Amount of Each Receipt this Period  250.00
Name of Employer The Methodist Hospital	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1750.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for	formation copied from such Reports and Stacommercial purposes, other than using the ME OF COMMITTEE (In Full) ollege of American Pathologists Politi	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. A. Ma  Ma  Cit  Bo  FE	Il Name (Last, First, Middle Initial) James Robb, Dr.  illing Address 11613 Kensington Ct  y  oca Raton  C ID number of contributing leral political committee.  me of Employer affiliated	State FL C Occupatio Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Re	ceipt For: Primary General Other (specify) ▼	_i	e Year-to-Date ▼ 1500.00	]
B. An	Il Name (Last, First, Middle Initial) thony Cory Roberts, Dr. ulling Address 1355 River Bend Dr			Date of Receipt  1 1 0 3 2 0 1 0
FE	y allas C ID number of contributing leral political committee.	State TX	Zip Code 75247-4915	Transaction ID: SA11AI.39504  Amount of Each Receipt this Period  250.00
Pro	me of Employer opath Lab, Inc.  ceipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
Ma	Il Name (Last, First, Middle Initial) Ion Jeffrey Roberts, Dr. illing Address Dept of Path 2900 W Oklahoma Ave  y Iwaukee	State WI	Zip Code 53215-4330	Date of Receipt  10 15 2010  Transaction ID: SA11AI.39271  Amount of Each Receipt this Period
FE fed	C ID number of contributing leral political committee.	C		100.00
	me of Employer rora St Luke's Med Ctr  ceipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
SUB	FOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	f the
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Aldon Jeffrey Roberts, Dr.  Mailing Address Dept of Path 2900 W Oklahoma	Ave	Date of Receipt    M
City <u>Milwaukee</u>	State         Zip Code           WI         53215-4330	Transaction ID: SA11AI.39272  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Aurora St Luke's Med Ctr  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   40	00.00
Full Name (Last, First, Middle Initial) G William Roth, Dr.  Mailing Address 446 Tamiami Trl S	2nd Flr	Date of Receipt  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.39569
Venice	FL 34285-2630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Suncoast Pathology	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Sandra Tania Rowland, Dr.	•	Date of Receipt
Mailing Address 6726 Gilbert Dr		11 08 2010
City	State Zip Code	Transaction ID: SA11AI.39600
Shreveport  FEC ID number of contributing federal political committee.	LA 71106-3402	Amount of Each Receipt this Period  50.00
Name of Employer VA Med Ctr-Shreveport	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	00.00
SUBTOTAL of Receipts This Page (optional	in and a second	1150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 97 (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 usin 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	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Raymond Frank Rudy, Dr. Mailing Address 141 Fineview Roa  City Camp Hill  FEC ID number of contributing federal political committee.  Name of Employer Polyclinic Hosp  Receipt For:	d  State Zip Code PA 17011  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) F Thomas Ruhlen, Dr.  Mailing Address 14185 W. Desert ©	350.00 Cove Rd.	Date of Receipt
City Surprise  FEC ID number of contributing federal political committee.  Name of Employer Pathology Assoc Ltd  Receipt For:	State Zip Code AZ 85379  C  Occupation Pathologist  Aggregate Year-to-Date	Transaction ID: SA11AI.39479  Amount of Each Receipt this Period  500.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) O. Reinhardt Sahmel, Dr.  Mailing Address Department of Pai	750.00	Date of Receipt
City Easton  FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.39415  Amount of Each Receipt this Period  500.00
Name of Employer Memorial Hosp at Easton  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (option	nal)	1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or 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 solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) R Carl Schaub, Dr.  Mailing Address Dept of Path 1044 Belmont Ave Box			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.39544
	Youngstown	OH	44501-1790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer St Elizabeth Hith Ctr	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) T. Jeffrey Schleusener, Dr.	1		Date of Receipt
	Mailing Address Dept of Pathology 2805 Fifth St			10 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.39305
	Rapid City  FEC ID number of contributing federal political committee.	SD	57701-7306	Amount of Each Receipt this Period 500.00
	Name of Employer Clinical Lab of the Black Hills	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) B. Ervin Shaw, Dr.			Date of Receipt
	Mailing Address Department of Patholo 2720 Sunset Blvd.			10 15 2010
	City West Columbia	State SC	Zip Code 29169-4810	Transaction ID: SA11AI.39394  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lexington Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1700.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 97 (check only one)    X
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 pers g the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Eric Sheffer, Dr.  Mailing Address 9707 4th Ave Apt 4	1N	Date of Receipt
City Brooklyn	State Zip Code NY 11209-8118	Transaction ID: SA11AI.39625  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00
Name of Employer unaffiliated  Receipt For:  Primary General  Other (specify) ▼	Pathologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) L. Howard Siegel, Dr.  Mailing Address Department of Patl 6701 N. Charles Si		Date of Receipt  10 27 2010
City	State Zip Code	Transaction ID: SA11AI.39349
<u>Baltimore</u>	MD 21204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Greater Baltimore Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R. Jami Skrade, Dr.		Date of Receipt
Mailing Address 4672 S Farm Rd 1	93	10 15 2010
City	State Zip Code	Transaction ID: SA11AI.39321
Rogersville  FEC ID number of contributing federal political committee.	MO 65742-9290	Amount of Each Receipt this Period  50.00
Name of Employer Trilakes Pathology	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	800.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	College of American Pathologists Polit	ical Action (	Committee	
A.	Full Name (Last, First, Middle Initial) R. Jami Skrade, Dr.  Mailing Address 4672 S Farm Rd 193			Date of Receipt
	City	State	Zip Code	1 1 1 5 2 0 1 0  Transaction ID: SA11AI.39322
	Rogersville	MO	65742-9290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Trilakes Pathology	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
ь. В.	Full Name (Last, First, Middle Initial) L David Slater, Dr.			Date of Receipt
	Mailing Address Sierra Path Lab PO Box 2130		7. 0. 1	10 18 2010
	City Clovis	State CA	Zip Code	Transaction ID: SA11AI.39481
	FEC ID number of contributing federal political committee.	C	93613-2130	Amount of Each Receipt this Period  100.00
	Name of Employer Pathology Associates	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
- С.	Full Name (Last, First, Middle Initial) E. Charles Slonaker, Dr.			Date of Receipt
	Mailing Address 24410 Oaklawn Planta	tion Rd		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.39413
	Pass Christian  FEC ID number of contributing federal political committee.	MS C	39571	Amount of Each Receipt this Period  1000.00
	Name of Employer Garden Park Medical Center	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional)			1150.00
ŀ	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 97 (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 persone 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) P Ronald Spark, Dr.  Mailing Address PO Box 43877  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer Southern Arizona VA HIth Care Sys Receipt For: Primary General Other (specify)	State Zip Code AZ 85733-3877  C  Occupation Pathologist Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) F. Janet Stastny, Dr.  Mailing Address 2400 Susannah St PO Box 2484  City  Johnson City  FEC ID number of contributing federal political committee.  Name of Employer Outpatient Cytopathology Ctr Receipt For:	State Zip Code TN 37601  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Bridges Julie Steele, Dr.  Mailing Address Dept. of Pathology, 2 10666 Torrey Pines F City La Jolla  FEC ID number of contributing federal political committee.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Scripps Clinic Medical La- boratory Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Pathologist  Aggregate Year-to-Date ▼  500.00	1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 97 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists II	g the name and ado	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  A. Robert Stern, Dr.  Mailing Address 1255 W Washington	on Street		Date of Receipt  1 0 2 7 2 0 1 0
City Tempe  FEC ID number of contributing federal political committee.	State AZ	Zip Code 85281-1210	Transaction ID: SA11AI.39534  Amount of Each Receipt this Period  100.00
Name of Employer Clin-Path Associates, P.C.  Receipt For:  Primary General Other (specify) ▼	Occupatior Pathologi Aggregate		
Full Name (Last, First, Middle Initial) C Robert Stern, Dr.  Mailing Address ADC Laboratory 4th floor, South Wi City Austin	ing State TX	Zip Code 78758	Date of Receipt  1 1 0 8 2 0 1 0  Transaction ID: SA11AI.39273  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Austin Diagnostic Clinic  Receipt For: Primary General Other (specify)	Occupatior Pathologi Aggregate		500.00
Full Name (Last, First, Middle Initial) T. David Stewart, Dr.  Mailing Address 1899 Eider Court			Date of Receipt  1 1 0 3 2 0 1 0
City Tallahassee FEC ID number of contributing federal political committee.	State FL	Zip Code 32308	Transaction ID: SA11AI.39382  Amount of Each Receipt this Period  1000.00
Name of Employer KWB Pathology Associates  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologi Aggregate		
SUBTOTAL of Receipts This Page (optional	al)		1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 97 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and addre	ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ang Bradford Tan, Dr.  Mailing Address Department of Path 2520 Elisha Ave	ology		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Zion  FEC ID number of contributing federal political committee.	State IL C	Zip Code 60099-0099	Transaction ID: SA11AI.39429  Amount of Each Receipt this Period  250.00
Name of Employer Midwestern Regional Med Ctr  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ann Taylor  Mailing Address Department of Path 8th Ave & C St  City	ology	Zip Code	Date of Receipt    M
Salt Lake City  FEC ID number of contributing federal political committee.	C	84143	Amount of Each Receipt this Period 250.00
Name of Employer LDS Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist Aggregate Ye	ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) W. Mark Teague, Dr. Mailing Address 2904 Westcorp Blve	d SW Ste 108		Date of Receipt
City  Huntsville  FEC ID number of contributing federal political committee.	State AL	Zip Code 35805-6437	Transaction ID: SA11AI.39483  Amount of Each Receipt this Period  500.00
Name of Employer Pathology Associates PC	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	J)		1,000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 97 (check only one)    X   11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Poli	itical Action (	Committee	
۸.	Full Name (Last, First, Middle Initial) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill Dr			Date of Receipt
		0	7: 0.1	10 15 2010
	City Midlothian	State VA	Zip Code 23113-2516	Transaction ID: SA11AI.39311  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23113-2310	100.00
	Name of Employer Commonwealth Lab Consulta- nts	Occupation Patholog	ist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
 3.	Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.			Date of Receipt
	Mailing Address 2201 Carbon Hill Dr			1 1 1 5 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39312
	Midlothian	VA	23113-2516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Commonwealth Lab Consulta- nts	Occupation Patholog	ist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
— ;.	Full Name (Last, First, Middle Initial) Leilani Caroline Valdes, Dr.			Date of Receipt
	Mailing Address 608 W Commercial St	t		10 15 2010
	City Victoria	State TX	Zip Code 77901-6302	Transaction ID: SA11AI.39624
	FEC ID number of contributing federal political committee.	C	77301-0302	Amount of Each Receipt this Period  250.00
	Name of Employer unaffiliated	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	,	Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)			450.00

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

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C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separat for each cate Detailed Sur	· ,	FOR LINE NUMBER: PAGE 62 / 97 (check only one)  X 11a 11b 11c 12					
Any information copied from such Reports and St or for commercial purposes, other than using the	tements may not be sold or	used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) College of American Pathologists Politi								
Full Name (Last, First, Middle Initial) Leilani Caroline Valdes, Dr.  Mailing Address 608 W Commercial St			Date of Receipt					
City	State Zip Code		1 1 1 5 2 0 1 0  Transaction ID: SA11Al.39638					
Victoria FEC ID number of contributing	TX 77901-630	02	Amount of Each Receipt this Period					
federal political committee.  Name of Employer unaffiliated	Occupation	1						
Receipt For: Primary General Other (specify)	Pathologist Aggregate Year-to-Date	475.00						
Full Name (Last, First, Middle Initial) S John VanHoose, Dr.			Date of Receipt					
Mailing Address 830 W Bayou Pines Dr			111 / 22 / Y Y Y Y Y Y					
City Lake Charles	State Zip Code LA 70601-707	77	Transaction ID: SA11AI.39474  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Path Lab	Occupation Pathologist							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00						
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.			Date of Receipt					
Mailing Address 219 Lamont Ave			11 1 1 2 1 2 0 1 0					
City <u>San Antonio</u>	State Zip Code TX 78209-375	53	Transaction ID: SA11AI.39279  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer Baptist Med Ctr	Occupation Pathologist							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1500.00						
SUBTOTAL of Receipts This Page (optional)		·····	875.00					

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 97 (check only one)    X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  **College of American Pathologists Pol	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u> a.	Full Name (Last, First, Middle Initial) M. Katherine Wagner-Reiss, Dr.			Date of Receipt
	Mailing Address Pathology Lab 2800 Main Street			10 22 7 2010
	City Bridgeport	State CT	Zip Code 06606	Transaction ID: SA11AI.39567
	FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period  300.00
	Name of Employer St. Vincent's Med Ctr	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 700.00	
 B.	Full Name (Last, First, Middle Initial) Lewis Leslie Walters, Dr.  Mailing Address 5604 Banister Ct			Date of Receipt
	City	State	Zip Code	1 1 1 7 2 0 1 0 Transaction ID: SA11Al.39412
	Plano	TX	75093-4227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1750.00
	Name of Employer Medical City Dallas Hospi- tal	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1750.00	
_	Full Name (Last, First, Middle Initial) J Michael Warhol, Dr.			Date of Receipt
	Mailing Address Dept of Path 5645 Main St			10 26 7 9 9 10
	City	State	Zip Code	Transaction ID: SA11AI.39458
	Flushing FEC ID number of contributing federal political committee.	C	11355-5045	Amount of Each Receipt this Period 250.00
	Name of Employer New York Hosp Med Ctr of Queens	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	SUBTOTAL of Receipts This Page (optional) .	1		2300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
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 perse name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L Alice Werner, Dr.  Mailing Address 601 Childrens Ln  City Norfolk  FEC ID number of contributing federal political committee.  Name of Employer Children's Hosp of the Kings Daughters  Receipt For: Primary General Other (specify)	State Zip Code VA 23507-1971  C  Occupation Pathologist  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M J D D J Z O 1 0  Transaction ID: SA11AI.39304  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) Allen William Wesche, Dr.  Mailing Address Dept of Pathology 2915 Missouri Ave  City Shreveport  FEC ID number of contributing federal political committee.  Name of Employer The Delta Pathology Group, LLC  Receipt For: Primary General Other (specify)	State Zip Code LA 71109  C  Occupation Pathologist  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Allen William Wesche, Dr.  Mailing Address Dept of Pathology 2915 Missouri Ave  City Shreveport  FEC ID number of contributing federal political committee.  Name of Employer The Delta Pathology Group, LLC Receipt For: Primary General Other (specify)	State Zip Code LA 71109  C  Occupation Pathologist  Aggregate Year-to-Date   600.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 5 2 0 1 0  Transaction ID: SA11AI.39574  Amount of Each Receipt this Period  200.00
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 97 (check only one)    X
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	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) W. William West, Dr.  Mailing Address Dept of Path/Microbio 983135 Nebraska Me City Omaha  FEC ID number of contributing federal political committee.	ology ed Ctr State NE	Zip Code 68198-3135	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Univ of Nebraska Med Ctr  Receipt For: Primary General Other (specify)	Occupatio Patholog		
Full Name (Last, First, Middle Initial) Ervin Richard Whisnant, Dr.  Mailing Address Second Floor 446 Tamiami Trl S  City Venice  FEC ID number of contributing federal political committee.  Name of Employer Suncoast Pathology  Receipt For: Primary General Other (specify)	State FL C Occupatio Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  M. Robert White, Dr.  Mailing Address Department of Pathol PO Box 13367  City  Roanoke  FEC ID number of contributing federal political committee.  Name of Employer Carilion Roanoke Hosp  Receipt For:  Primary General  Other (specify)	State VA  C  Occupatio Patholog		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			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 66 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin 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) L. John Wilhelmus, Dr.  Mailing Address 87 Lantern Way  City Nicholasville  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Hosp  Receipt For: Primary General	State Zip Code KY 40356-9009  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt  10 22 2010  Transaction ID: SA11AI.39548  Amount of Each Receipt this Period  200.00
Full Name (Last, First, Middle Initial) H Arthur Williams, Dr. Mailing Address 525 N Garfield Av  City Monterey Park  FEC ID number of contributing federal political committee.	State Zip Code CA 91754-1205	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Garfield Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Paul Darren Wirthwein, Dr. Mailing Address 501 20th St Suite  City Knoxville  FEC ID number of contributing federal political committee.	State Zip Code TN 37916	Date of Receipt  10 15 2010  Transaction ID: SA11AI.39374  Amount of Each Receipt this Period  250.00
Name of Employer Innovative Pathology Services Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	]
SUBTOTAL of Receipts This Page (option	nal)	950.00

A.

В.

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

PAGE 67/97 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 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) A Geoffrey Witrak, Dr. Date of Receipt Mailing Address Dept of Path 8 0 2010 1.1 407 E 3rd St City State Zip Code Transaction ID: SA11AI.39566 Duluth MN 55805-1950 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer St. Mary's/Duluth Clinic Health System Occupation Pathologist Receipt For: Aggregate Year-to-Date General Primary 400.00 Other (specify) Full Name (Last, First, Middle Initial) D Mark Woodard, Dr. Date of Receipt Mailing Address 27 Gannett Peak Dr 03 2010 City Transaction ID: SA11AI.39391 State Zip Code Lander WY 82520-9643 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Lander Valley Med Ctr Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number only)	<b>→</b>	68612.00

Primary

Other (specify)

General

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.39776
Sun Trust Bank			Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & I & O \end{smallmatrix} \end{bmatrix} $
,	State Zip Code		Amount of Each Disbursement this Period
Richmond Purpose of Disbursement	VA 23285		50.50
BANK SERVICE CHARGES			00.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For:    Primary		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			<b>Transaction ID:</b> SB21B.39777 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code		Amount of Each Disbursement this Period
Richmond	VA 23285		15.00
Purpose of Disbursement BANK SERVICE CHARGES		•	13.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			<b>Transaction ID:</b> SB21B.39778 Date of Disbursement
Mailing Address P.O. Box 85024			111
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement BANK SERVICE CHARGES			62.50
Candidate Name		Category/	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Type	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	128.00

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

128.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Any Information copied from such Reports and Statem	for each category of the Detailed Summary Page (cr	· · · · · · ·
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  College of American Pathologists Political		ee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) Friends of Weiner  Mailing Address 1 Ascan Avenue #31		Transaction ID: SB22.39675  Date of Disbursement  M M M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
City Forest Hills Purpose of Disbursement  Candidate Name	State Zip Code NY 11375 Categ Typ	,
Office Sought:  X House Senate President State: NY District: 09	ment For: 2010 Primary X General Other (specify)	

		5000.00
SUBTOTAL of Disbursements This Page (optional)		5000.00
TOTAL This Period (last page this line number only)	•	5000.00

		Use separate schedule(s)			FOR LINE NUMBER: PAGE (check only one)						1070	17			
		SBURSEMEN	_	Detailed	category of the Summary Page		È	21b 27	22 28a		23 28b	24 280		25 29	
or for o	commercial pur AME OF COMM	ed from such Reports poses, other than usi MITTEE (In Full) erican Pathologists	ng the name	and addre	ss of any political										
21	•	First, Middle Initial) RY MAJORITY FUI							Date		sburse	SB23		49 0 1 0	Y
Ci	ty	BOX 2274	5	State	Zip Code				Amou	ınt of		Disburs	•		
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<u>/_</u> <b>.</b>	Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAI Mailing Address PO BOX 1631	GN COMMITTEE						isburs				56 0 1 0	Y
	City BALTIMORE Purpose of Disbursement	State Zip Code MD 21203			_	Amou	int o	f Each	n Disb	ourser	-	this P	eriod
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NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action Committee		
Full Name (Last, First, Middle Initial)  Dave Camp for Congress			Transaction ID: SB23.39657 Date of Disbursement
Mailing Address PO Box 423			
City Midland	State Zip Code MI 48640		Amount of Each Disbursement this Period
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State: MI District: 04  Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39756
DEMOCRATIC STATE CENTRAL COM	MITTEE OF CA - FEDERAL		Date of Disbursement
Mailing Address 1401 21st Street Suite 200			11 2010
City Sacramento	State Zip Code CA 95811		Amount of Each Disbursement this Period
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	•	First, Middle Initial) JOHN MCCAIN IN	C						Date o		sburse				V
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	y Information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action Committee		
	Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE			Transaction ID: SB23.39672 Date of Disbursement
	Mailing Address 224 18th Street P.O. Box 4183			1 0 M / D 2 5 / Y 2 0 1 0 Y
	City Rock Island	State Zip Code IL 61204		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
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_	State: IL District: 17  Full Name (Last, First, Middle Initial)			
•	Friends of Sam Johnson			Transaction ID: SB23.39673 Date of Disbursement
	Mailing Address PO Box 860096			10 M / 25 / Y 2010 Y
	City Plano	State Zip Code TX 75086-0096	}	Amount of Each Disbursement this Period
	Purpose of Disbursement			2500.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President  State: TX District: 03	sement For: 2010 Primary X General Other (specify)		
-	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER			Transaction ID: SB23.39674 Date of Disbursement
	Mailing Address 426 C Street, NE			10 M / 25 / Y 2010 Y
	City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement			3000.00
	Candidate Name		Category/ Type	
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•	First, Middle Initial) ongressional Campaiç	gn			Transaction ID: Date of Disbursem	
Mailing Address	P.O. Box 16128	-			10 M / 25	Y 2010
City Houston		State TX	Zip Code 77222		Amount of Each Di	sbursement this Perio
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•	First, Middle Initial) FOR CONGRESS				Transaction ID: Date of Disbursem	ent
Mailing Address	700 12TH STREET SUITE 700	ΓNW			10 25	Ý Ž0 Ĭ0 Ÿ
City WASHINTON		State DC	Zip Code 20005		Amount of Each Di	sbursement this Perio
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	OLLY FOR CONGRE	ESS			Transaction ID:  Date of Disbursem	ent
Mailing Address	PO BOX 563				10 22	2010
City MERRIFIELD		State VA	Zip Code 22116		Amount of Each Di	sbursement this Perio
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Candidate Name				Category/ Type		
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NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS  Mailing Address 815 KING STREET SUITE 311  City State Zip Code ALEXANDRIA VA 22314 Purpose of Disbursement DEBT RETIREMENT 2010 Candidate Name  Office Sought: X House President State: GA District: 09  Full Name (Last, First, Middle Initial) Hall for Congress  Mailing Address PO Box 711  City State Zip Code Category/ Type  Full Name (Last, First, Middle Initial) Hall for Congress  Mailing Address PO Box 711  City State Zip Code TX 75087  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary General Primary General Senate President  Candidate Name  Office Sought: X House Senate Primary General Other (specify) ▼  Disbursement For: 2010  Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS  Mailing Address PO Box 176  City State Zip Code TX 75087  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary General Other (specify) ▼  District: 04  Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS  Mailing Address PO Box 176  City State Zip Code TX 75087  Date of Disbursement this Peric Category/ Type  Other (specify) ▼  District: 04  Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS  Mailing Address PO Box 176  City State Zip Code Tx 75087  Category/ Type  Other (specify) ▼  Other (					Detailed S	Summary Page		È	21b 27	22 28a		28b	28	c	29	
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\	MMITTEE (In Full) nerican Pathologists Pol	itical Action Co	mmittee		
Full Name (Las HOEVEN FO	t, First, Middle Initial) R SENATE				Transaction ID: SB23.39729 Date of Disbursement
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•	District: 00 t, First, Middle Initial) RERA FOR CONGRESS				Transaction ID: SB23.39645 Date of Disbursement
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,	District: 03 t, First, Middle Initial) GELL FOR CONGRESS	COMMITTEE			Transaction ID: SB23.39681 Date of Disbursement
Full Name (Las	District: 03 t, First, Middle Initial) GELL FOR CONGRESS	COMMITTEE			
Full Name (Las JOHN D DIN	District: 03 t, First, Middle Initial) GELL FOR CONGRESS P.O. Box 75214	State DC	Zip Code 20013-5214		Date of Disbursement    M
Full Name (Las JOHN D DIN Mailing Address City WASHINGTO	District: 03 t, First, Middle Initial) GELL FOR CONGRESS P.O. Box 75214 DN pursement	State			Date of Disbursement
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	Full Name (Last, First, Middle Initial) JOHN S FUND					ction ID:	ement			1
	Mailing Address 104 Hume Avenue				1 0	2	25	2 (	) 1 0 °	
	City Alexandria	State Zip Code VA 22301			Amoun	t of Each	Disburs	ement	this Per	riod
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	State: District:  Full Name (Last, First, Middle Initial)  JULIE LASSA FOR CONGRESS					ction ID: Disburs	-	3.3973	1	
	Mailing Address PO Box 112				10	/ D	25	Ý Ž (	) 1 0 °	
	City Stevens Point	State Zip Code WI 54481			Amoun	t of Each	Disburs	ement	this Per	riod
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	Candidate Name			egory/ /pe						
	Office Sought:  X House Senate President  State: WI  District: 07	ement For: 2010 Primary X General Other (specify)								
	Full Name (Last, First, Middle Initial) JUSTIN AMASH FOR CONGRESS				Date of	ction ID	ement			
	Mailing Address 1500 E BELTLINE AVE	SE STE 250			11	J / L 1	5 /	ž	) 1 0 '	
	City GRAND RAPIDS	State Zip Code MI 49506			Amoun	t of Each	Disburs	ement t	this Per	riod
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NAME OF COMMITTEE (In Full)			
College of American Pathologists Politic	al Action Committee		
Full Name (Last, First, Middle Initial) KAREN BASS FOR CONGRESS			Transaction ID: SB23.39783 Date of Disbursement
	·		1 0 2 5 2 0 1 0
Mailing Address 777 S FIGUERA STRE SUITE 4050			
City LOS ANGELES	State Zip Code CA 90017		Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)	•	
State: CA District: 33			
Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE			Transaction ID: SB23.39749 Date of Disbursement
Mailing Address 205 South 5th Ave Suite 428			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City La Crosse	State Zip Code WI 54601		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President State: WI District: 03	rsement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS			Transaction ID: SB23.39683 Date of Disbursement
Mailing Address 29 RUFF CIRCLE			10 25 7 2010
City GLASTONBURY	State Zip Code CT 06033		Amount of Each Disbursement this Perio
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$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee		
V	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS			Transaction ID: SB23.39684 Date of Disbursement  10 25 2010
	Mailing Address P.O. Box 71 PO BOX 71			10 25 2010
	City Clarion	State Zip Code IA 50525		Amount of Each Disbursement this Period
	Purpose of Disbursement			3000.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 Primary X General Other (specify)		
	State: IA District: 04  Full Name (Last, First, Middle Initial)  MADISON PAC; THE			Transaction ID: SB23.39707 Date of Disbursement
	Mailing Address 235 STATE STREET #2	06		M 0 M / D 2 5 / Y 2 0 1 0 Y
	City SPRINGFIELD	State Zip Code MA 01103		Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type	
	Office Sought:    House   Disburs     Senate   President     State: District:	ement For: 2010 Primary X General Other (specify)	1 21	
	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRES	S INC.		Transaction ID: SB23.39685 Date of Disbursement
	Mailing Address PO Box 682185			10 M / D 25 / Y 2010 Y
	City Franklin	State Zip Code TN 37068		Amount of Each Disbursement this Perio
	Purpose of Disbursement			2500.00
	Candidate Name		Category/ Type	
	Office Sought:    X   House   Disburs     Senate   President     State: TN   District: 07	ement For: 2010 Primary X General Other (specify)		
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$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee								
<u> </u>	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS				Date o	action ID f Disburs	ement			
	Mailing Address 2118 CENTRAL AVENU #71	E SE			10	/ D	19 /	Ž	0 1 0 Y	
	City Albuquerque	State Zip Code NM 87105			Amour	nt of Each	n Disburs	ement	this Pe	riod
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	Mailing Address P. O. Box 181546				1 0 N		25 /	Ý Ž	0 1 0 Y	′
	City Casselberry	State Zip Code FL 32718			Amour	nt of Each	n Disburs	ement	this Pe	rioc
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	Full Name (Last, First, Middle Initial) MISSION PAC				Date o	action ID f Disburs	ement			
	Mailing Address 38 IVY STREET, SE				11	/ D	15	ž į	0 1 0 Y	
	City WASHINGTON	State Zip Code DC 20003			Amour	nt of Each	n Disburs	ement	this Pe	rioc
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College of American Pathologists Politic	cal Action Committee		
Full Name (Last, First, Middle Initial) MORAN FOR KANSAS			Transaction ID: SB23.39733 Date of Disbursement
Mailing Address 228 S. Washington St Suite B-20			10 25 2010
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
X Senate President	rrsement For: 2010 Primary X Ger Other (specify) ▼	)	
State: KS District:  Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39769
MORGAN GRIFFITH FOR CONGRESS	3		Date of Disbursement
Mailing Address PO BOX 361			111 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHRISTIANSBURG	State Zip Code VA 24068		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President  State: VA District: 09	x Primary Ger Other (specify) ▼	eral	
Full Name (Last, First, Middle Initial) NY VICTORY FUND 2010			Transaction ID: SB23.39758 Date of Disbursement
Mailing Address 10 G STREET, NE SUITE 570			111 / P 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) PAC TO THE FUTURE  Mailing Address 430 South Capitol State Floor	reet, SE		Transaction ID: SB23.39690 Date of Disbursement  M M M D 2 5 Y 2 0 1 0
City Washingtin Purpose of Disbursement	State Zip Code DC 20003		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type	
Office Sought: House Disl Senate President State: District:	oursement For: 201 Primary X Ge Other (specify)	-	
Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.			Transaction ID: SB23.39691 Date of Disbursement  10
Mailing Address POB 640			10 25 2010
City Totowa	State Zip Code NJ 07511	)	Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		Category/ Type	1000.00
Office Sought:  X House Senate President State: NJ District: 08	oursement For: 201 Primary X Ge Other (specify) ▼	0	
Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE			Transaction ID: SB23.39695 Date of Disbursement
Mailing Address P.O. Box 1512			
City Athens	State Zip Code GA 30601	)	Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President  State: GA District: 10	oursement For: 201  X Primary Ge Other (specify)	0 neral	
SUBTOTAL of Disbursements This Page (option	nal)	<b>&gt;</b>	7000.00
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	y Information copied from such Reports and Staten or commercial purposes, other than using the nam											3
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee										
<u> </u>	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE	E				Date		burse				V
	Mailing Address PO BOX 8331					1 0		2	5	2	ž 0 i (	)
	City FREMONT	State Zip Code CA 94537				Amou	int of	Each	Disbu		nt this f	-
	Purpose of Disbursement						•			25	500.00	)
	Candidate Name			itegory Type	//							
	Senate President	ement For: 2010 Primary X General Other (specify)										
	State: CA District: 13 Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB2	23 39	781	
	PORTMAN FOR SENATE COMMITTEE					Date		burse	ement			Υ
	Mailing Address 9856 ARCHER LANE					10		2	9 /	2	ž o ž (	)
	City DUBLIN	State Zip Code OH 43017				Amou	int of	Each	Disbu	rseme	nt this F	Perio
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	Candidate Name			tegory	//							
	Office Sought:    House   Disburse     X Senate   President     State: OH District: 00	ement For: 2010 Primary X General Other (specify)	1									
	Full Name (Last, First, Middle Initial) RAJ GOYLE FOR CONGRESS, INC.					Date	of Dis	burse	SB2 ement			
	Mailing Address P.O. Box 780971					1 <sup>M</sup> 0	М /	<sup>D</sup> 2	5	¥ 2	ž o i c	) <sup>Y</sup>
	City Wichita	State Zip Code KS 67278				Amou	int of	Each	Disbu	rsemei	nt this F	Perio
	Purpose of Disbursement				$\exists$					50	00.00	)
	Candidate Name			itegory	//							
	Office Sought:  X House Senate President  State: KS District: 04	ement For: 2010 Primary X General Other (specify)	1	<u> </u>								
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ITEMIZ	ED DISBURSEME	NTS for each	category of the Summary Page	21b	22 X 23 24 25
				27	28a 28b 28c 29
					for the purpose of soliciting contributions plicit contributions from such committee
NAME	OF COMMITTEE (In Full)				
Colleg	e of American Pathologis	sts Political Action Co	mmittee		
	me (Last, First, Middle Initial)				Transaction ID: SB23.39698
ROB V	WITTMAN FOR CONGRI	ESS			Date of Disbursement
Mailing	Address PO BOX 999 PO BOX 999				10 M / D25 / Y 2010 Y
City MONT	ROSS	State VA	Zip Code 22520		Amount of Each Disbursement this Period
Purpos	e of Disbursement			-	2500.00
0 "1	. N				
Candida	ate Name			Category/ Type	
Office S	•	Disbursement For:	2010		
	Senate President	Primary Other (spe	X General		
State: \		Other (spe	Cony) \		
	me (Last, First, Middle Initial)	-			Transaction ID: SB23.39747
ROB V	WOODALL FOR CONGP	ESS			Date of Disbursement
Mailing	Address POST OFFIC	E BOX 1871			10 25 / 2010
City	RENCEVILLE	State GA	Zip Code 30046		Amount of Each Disbursement this Period
	e of Disbursement				5000.00
Candida	ate Name			Category/ Type	
Office S	Sought: X House	Disbursement For:	2010	Турс	
	Senate	Primary	X General		
State: (	President  GA District: 07	Other (spe	ecify) 🔻		
Full Na	me (Last, First, Middle Initial)				Transaction ID: SB23.39699 Date of Disbursement
					1 0 2 5 2 0 1 0
Mailing	Address Post Office B	ox 581			10 25 2010
City Bright	on	State MI	Zip Code 48116		Amount of Each Disbursement this Period
	e of Disbursement	1411			5000.00
Condid	ate Name			Oatanand	
	ale ivaine			Category/ Type	
		Disbursement For:	2010		
Office S	Sought: X House				
	Senate	Primary	X General		
	Senate President		X General		
Office S	Senate President	Primary Other (spe	X General ecify) ▼		12500.00

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EMIZED DISBURSEMENTS	Detailed	category of the Summary Page	21 27	22 X 23 24 25 28 28b 28c 29
y Information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	ne name and addre	ess of any politica		son for the purpose of soliciting contributions o solicit contributions from such committee
 Full Name (Last, First, Middle Initial) Roskam for Congress  Mailing Address 423 W. Wesley Str	reet			Transaction ID: SB23.39700 Date of Disbursement
City Wheaton	State IL	Zip Code 60189		Amount of Each Disbursement this Perio
Purpose of Disbursement	112	00100		1500.00
Candidate Name  Office Sought: X House D	isbursement For:	2010	Category/ Type	
State: IL District: 06	Primary Other (spe	X General		
Full Name (Last, First, Middle Initial) SANGISETTY FOR CONGRESS, LI	_C			Transaction ID: SB23.39642 Date of Disbursement
Mailing Address PO Box 7051				10 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houma	State LA	Zip Code 70361		Amount of Each Disbursement this Perio
Purpose of Disbursement  Candidate Name			Category/	5000.00
Office Sought:  X House Senate President State: LA District: 03	isbursement For: Primary Other (spe	2010  X General ecify)	Type	
Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS				Transaction ID: SB23.39701 Date of Disbursement
Mailing Address P.O. BOX 5130				10 M / D 2 5 / Y 2 0 1 0 Y
City EVANSTON	State IL	Zip Code 60204		Amount of Each Disbursement this Perio
Purpose of Disbursement  Candidate Name			Category/	1500.00
	isbursement For:	2010	Type	
	Primary	X General		
Senate President State: IL District: 09	Other (spe	ecify) 🔻		

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	y Information copied from such Reports for commercial purposes, other than usin				or the purpose of soliciting contributions licit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists				
<u>/</u>	Full Name (Last, First, Middle Initial) SOUTHERLAND FOR CONGRE	SS			Transaction ID: SB23.39774 Date of Disbursement
	Mailing Address 528 W BALDW	IN ROAD			111
	City PANAMA CITY	State FL	Zip Code 32405		Amount of Each Disbursement this Period
	Purpose of Disbursement DEBT RETIRMENT 2010				5000.00
	Candidate Name  Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President	Primary X Other (spec	General		
	State: FL District: 02 Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS	DEBT RETRMNT			Transaction ID: SB23.39773 Date of Disbursement
	Mailing Address 217 THIRD STE	REET, SE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WASHINGTON	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement DEBT RETIREMENT 2010				5000.00
	Candidate Name			Category/ Type	
	Office Sought: X House Senate President	Disbursement For: Primary X Other (spec	2010 General		
	State: OH District: 15  Full Name (Last, First, Middle Initial)	DEBT RETRMNT			Transaction ID: SB23.39703
	SUE MYRICK FOR CONGRESS  Mailing Address 1850 East 3rd S	St., #350			Date of Disbursement  M M M / D 2 5 / Y 2 0 1 0
	City Charlotte	State NC	Zip Code 28204		Amount of Each Disbursement this Period
	Purpose of Disbursement	110	20201	• •	2000.00
	Candidate Name			Category/ Type	
	Office Sought:  X House Senate President	Disbursement For: Primary Other (spec	2010 X General ify) ▼		
	State: NC District: 09				
_					12000.00

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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)  Transaction ID: SB23.39704  Date of Disbursement  Mailing Address POBOX 696	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 94 / 97 check only one)
NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS  Mailing Address P O BOX 696  City State Zip Code MAIDISON WI 53701 Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President  City State Xip Code Washington DC 20003 Purpose of Disbursement  City State Xip Code Primary X General Disbursement Tip Primary X General Primary X Genera	TEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
TAMMY BALDWIN FOR CONGRESS  Mailing Address P O BOX 696  City State Zip Code MADISON Purpose of Disbursement  Candidate Name  Office Sought: X House President State: WI District: 02  City President Other (specify) ▼  City State: WI District: 02  City Senate Primary X General Other (specify) ▼  City Senate Primary X General Other (specify) ▼  City Senate Primary X General Other (specify) ▼  Category/ Type  Transaction ID: SB23.39708  Date of Disbursement this Perior Disbursement this Perior Disbursement this Perior Disbursement  Transaction ID: SB23.39708  Date of Disbursement this Perior Disbursement this Perior Disbursement  Transaction ID: SB23.39708  Date of Disbursement this Perior Disbursement  Transaction ID: SB23.39708  Amount of Each Disbursement this Perior Disbursement this Perior Disbursement  Transaction ID: SB23.39708  Date of Disbursement this Perior Disbursement this Perior Disbursement  Transaction ID: SB23.39688  Date of Disbursement  Transaction ID: SB23.39708  Date of Disbursement  Transaction ID: SB23.39708  D	or for commercial purposes, other than using the nation NAME OF COMMITTEE (In Full)	me and address of any political comm	
City MADISON WI 53701  Purpose of Disbursement  Candidate Name  Office Sought:			Date of Disbursement
MADISON  Purpose of Disbursement  Category/ Type  Office Sought:	Mailing Address P O BOX 696		10 25 2010
Candidate Name  Office Sought:			Amount of Each Disbursement this Perio
Office Sought:	·		2500.00
Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS  Malling Address 217 3rd Street, SE  City Washington DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: X House Primary X General Other (specify) ▼  City Primary Type  Office Sought: Transaction ID: SB23.39708 Date of Disbursement this Perior Type  Category/ Type  Office Sought: Transaction ID: SB23.39708 Date of Disbursement this Perior Type  Category/ Type  Transaction ID: SB23.39688 Date of Disbursement this Perior Type  Category/ Type  Transaction ID: SB23.39688 Date of Disbursement To: 2010  Transaction ID: SB23.39688 Date of Disbursement Time Type  Transaction ID: SB23.39688 Date of Disbursement Time Type  City State Zip Code PA 15234  Purpose of Disbursement  Candidate Name  Office Sought: X House Disbursement For: 2010  Candidate Name  Office Sought: X House Disbursement For: 2010  Candidate Name  Office Sought: X House Disbursement For: 2010  Primary X General Other (specify) ▼  Amount of Each Disbursement this Perior Type  Office Sought: X House Disbursement For: 2010  Primary X General Other (specify) ▼  Office Sought: X House Disbursement For: 2010  Of		Ту	
Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS  Mailing Address 217 3rd Street, SE  City State Zip Code Washington DC 20003 Purpose of Disbursement  Candidate Name  Office Sought: X House Primary X General Primary National President PA 15234  Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS  Mailing Address 700 12th Street, NW  Transaction ID: SB23.39708 Date of Disbursement Initial Primary X General State Zip Code PA 15234  Amount of Each Disbursement Initial Primary X General Disbursement Initial Primary X General State of Disbursement Initial Primary X General State Zip Code PA 15234  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Senate Primary X General Disbursement Initial Primary X General Senate Primary X General Disbursement Initial Senate Primary X General Di	Senate President	Primary X General	
City Washington DC 20003  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS  Mailing Address 700 12th Street, NW  City State Zip Code PA 15234  Purpose of Disbursement  Category/ Type  Transaction ID: SB23.39688  Date of Disbursement  Mo	Full Name (Last, First, Middle Initial)		
Washington  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  State: OH District: 12  Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS  Mailing Address 700 12th Street, NW  City State Zip Code Pttsburgh PA 15234  Purpose of Disbursement  Candidate Name  Category/ Type  Transaction ID: SB23.39688 Date of Disbursement  Mod M / 255 / 2010  Amount of Each Disbursement this Period Category/ Type  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼	Mailing Address 217 3rd Street, SE		1 0 M / D 2 5 / Y Y Y O Y O Y
Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS  Mailing Address 700 12th Street, NW  City State Zip Code Pttsburgh PA 15234  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Category/ Type  Amount of Each Disbursement this Perior Category/ Type  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼			Amount of Each Disbursement this Perio
Office Sought:		20 2000	5000.00
Senate President State: OH District: 12  Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS  Mailing Address 700 12th Street, NW  City Pttsburgh Purpose of Disbursement  Candidate Name  Office Sought:  X House Senate Primary X General Other (specify) ▼  Transaction ID: SB23.39688 Date of Disbursement  Mailing Address 700 12th Street, NW  Transaction ID: SB23.39688 Date of Disbursement  Amount of Each Disbursement this Perior  Category/ Type  Office Sought: X House Senate Primary A General Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	Candidate Name	I	
Full Name (Last, First, Middle Initial)  TIM MURPHY FOR CONGRESS  Mailing Address 700 12th Street, NW  City State Zip Code Pttsburgh PA 15234  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: 2010 Primary X General Other (specify)	Senate President	Primary X General	
City State Zip Code Pttsburgh PA 15234  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: X House Senate Primary X General President  President  Amount of Each Disbursement this Perior  Category/ Type  Other (specify) ▼	Full Name (Last, First, Middle Initial)		Date of Disbursement
Pttsburgh PA 15234  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: X House Senate Primary X General President  President  Other (specify)   Type	Mailing Address 700 12th Street, NW		10 1 25 25 2010
Candidate Name  Category/ Type  Office Sought:			Amount of Each Disbursement this Perio
Office Sought:    X   House   Disbursement For: 2010     Senate   Primary   X   General     President   Other (specify)   \emptyset	Purpose of Disbursement		1500.00
Senate Primary X General President Other (specify) ▼	Candidate Name		
State: PA District: 18	Senate President	Primary X General	
	State: PA District: 18		

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FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. BOX 490			Transaction ID: SB23.39709 Date of Disbursement
City ST JOSEPH	State Zip Code MI 49085		Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement  Candidate Name		Category/ Type	3300.00
Senate President State: MI District: 06	x Primary General Other (specify) ▼	Турс	
Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS			Transaction ID: SB23.39710 Date of Disbursement
Mailing Address 10605 Concord Street Suite 202			1 0 M / D 2 5 / Y 2 0 1 0 Y
City Kensington	State Zip Code MD 20895		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		Category/ Type	1000.00
Office Sought:  X House Senate President  State: MD District: 08	rrsement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS			<b>Transaction ID:</b> SB23.39711 Date of Disbursement
Mailing Address 11468 HWY 105			10 M / 25 / 2010 Y
City BANNER ELK	State Zip Code NC 28604		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name		Category/ Type	2500.00
Office Sought:  X House Senate President State: NC District: 05	rrsement For: 2010 Primary X General Other (specify) ▼	1 190	
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NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee		
Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS			Transaction ID: SB23.39712 Date of Disbursement
Mailing Address P.O. Box 5458			10 25 7 2010
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Perio
Purpose of Disbursement			2000.00
Candidate Name  Office Sought: X House	Disbursement For: 2010	Category/ Type	
Office Sought: X House Senate President	Primary X General  Other (specify) ▼		
State: IL District: 19			
Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRI	ESS COMMITTEE		Transaction ID: SB23.39713 Date of Disbursement
Mailing Address PO BOX 16021			1 0 1 2 5 / Y 2 0 1 0 Y
City Alexandria	State Zip Code VA 22302	_	Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼	•	
State: CA District: 02  Full Name (Last, First, Middle Initial)  WELCH FOR CONGRESS			Transaction ID: SB23.39714 Date of Disbursement
Mailing Address PO BOX 1682			10
City BURLINGTON	State Zip Code VT 05402		Amount of Each Disbursement this Period
DUNLINGTON			2500.00
Purpose of Disbursement			
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Purpose of Disbursement  Candidate Name  Office Sought: X House			

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NAME OF COMMITTEE (In Full)														
College of American Pathologists Political	Action Cor	nmittee												
Full Name (Last, First, Middle Initial)						Transa	actio	on ID:	SE	323.3	397	15		
WHITFIELD FOR CONGRESS COMMITTEE					Date of Disbursement									
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HOPKINSVILLE	KY	42241					-	-	-	-				
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Senate	Primary	X General												
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State: KY District: 01		•												
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WOOLSEY FOR CONGRESS						Date o			_		,,,,	10		
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Mailing Address PO Box 750176						1 0	_	2	5	L	, 2	010	)	
<i>y</i>	State	Zip Code				Amour	nt of	Each	Disb	urser	nen	t this I	Perio	od
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Senate	Primary	X General												
President	Other (spec	cify) 🔻												

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TOTAL This Period (last page this line number only)	•	260000.00						

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District: 06