05/20/2009 12:52

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X	For Ot	her Than An Auth	norized Comm	nittee	(Office Use Only
NAME OF COMMITTEE (in full)		EC MAILING LABEL PE OR PRINT *	Example:If typover the lines	oing, type		
College of American Pa	athologists Poli	tical Action Committee	1 1 1 1 1		1 1 1 1 1	
ADDRESS (number and stre	et) 1350	I Street, NW				
Check if different	Suite	e 590	1 1 1 1 1			
than previously reported. (ACC)		hington			LDC L	20005
2. FEC IDENTIFICATION	N NUMBER	▼ CIT	YA		STATE	ZIPCODE 🛕
C00274944			THIS X	NEW (N) OR	AME (A)	NDED
4. TYPE OF REPORT (Choose One)	(b)	Monthly Feb	20 (M2) X	May 20 (M5)	Aug 20	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports	:	Due On: Mar	20 (M3)	Jun 20 (M6)	Sep 20	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct 20	(M10) Jan 31 (YE)
Quarterly Re July 15		(c) 12-Day	Primary (12P)	General (12	(G) Runoff (12R)
Quarterly Re October 15 Quarterly Re		PRE -Election Report for the:	Convention	on (12C)	Special (12	G)
January 31 Quarterly Re		Electio	n on			in the State of
July 31 Mid- Report(Non- Year Only) (N	election	(d) 30-Day Post -Election	General (30G)	Runoff (30F	Special (30S)
Termination (TER)	Report	Report for the: Electio	n on			in the State of
5. Covering Period	0 4	01 2009	throug	gh 0 4	30	2009
I certify that I have examined		-	wledge and belief	it is true, correct	and complete.	
Type or Print Name of Trea	surer <u>Dr.</u>	Renee R. Ellerbroek				
Signature of Treasurer E	Electronically Fi	led by Dr. Renee R. I	Ellerbroek		Date 05	2009
NOTE : Submission of false	e, erroneous, or	incomplete information	may subject the p	person signing th	is Report to the p	enalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name College of American Pathologists Political Action Committee [®] D " D 0 4 0 1 2009 0.4 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 80766.96 2009 January 1 (b) Cash on Hand at 106418.84 Begining of Reporting Period 90489.00 219726.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 196907.84 300492.96 6(a) and 6(c) for Column B) 74964.12 178549.24 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 121943.72 121943.72 (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) 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) Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

0 1 3^D0 м м 0 4 м м 0 4 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 153933.00 56350.00 (i) Itemized (use Schedule A) 34139.00 60293.00 (ii) Unitemized (iii) TOTAL (add 90489.00 214226.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 90489.00 214226.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5500.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 90489.00 219726.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 90489.00 219726.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	1100 10	2424.24
Expenditures	1189.12	3424.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1189.12	3424.24
. Transfers to Affiliated/Other Party	1100.12	
Committees	0.00	0.00
 Contributions to Federal Candidates/Committees 	69500.00	170500.00
and Other Political Committees Independent Expenditure		170300.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by F Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
,	0.00	
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other		252.00
Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds		0.00
(add Lines 28(a), (b), and (c))	🗩 0.00	250.00
Other Dieburgemente	4275.00	4375.00
. Other Disbursements	4273.00	4373.00
. Federal Election Activity (2 U.S.C 43	31(20))	
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid E	ntirely	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (a	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	
. Total Disbursements (add Lines 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30	(c)) 74964.12	178549.24
. Total Federal Disbursements		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a) 	a)(ii)	
	/ \ /	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operati Expenditures	ing COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)		214226.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	90489.00	213976.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1190 12	3424.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1189.12	3424.24

FE6AN026

ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ie (check offly offe)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by a g the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists I	Political Action Committee	
Full Name (Last, First, Middle Initial) Jon Jared Abbott, Dr.		Date of Receipt
Mailing Address 305 41st St		0 4 2 0 2 0 0 9
City West Des Moines	State Zip Code IA 50265	Transaction ID: SA11AI.33373 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.	00
Full Name (Last, First, Middle Initial) D Paul Addison, Dr.		Date of Receipt
Mailing Address 4300 W Memorial	Rd	04 23 2009
City Oklahoma City	State Zip Code OK 73120-8304	Transaction ID: SA11AI.33436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mercy HIth Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	000
Full Name (Last, First, Middle Initial) H. Schuyler Aijian		Date of Receipt
Mailing Address 2661 Tallant Rd Ap	ot MW518	04 24 2009
City Santa Barbara	State Zip Code CA 93105-4807	Transaction ID: SA11AI.33352
FEC ID number of contributing federal political committee.	CA 95103-4607	Amount of Each Receipt this Period 300.00
Name of Employer Hospital San Pablo	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.	00
SURTOTAL of Receipts This Page (option)	al)	1100.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 7 / 71 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold the name and address of any p	or used by any perso political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologists I	Political Action Committee		
Full Name (Last, First, Middle Initial) Omar Nabil Ali, Dr.			Date of Receipt
Mailing Address Dept. of Pathology 4201 Medical Cent			04 / 24 / 2009
City	State Zip Cod	е	Transaction ID: SA11AI.33205
<u>McHenry</u>	IL 60050		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Centegra-Memorial Medical Center	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date	e ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) M Patricia Alli, Dr.			Date of Receipt
Mailing Address 1901 Sulpher Sprir	g Rd		04 03 7 9 9
City	State Zip Cod	е	Transaction ID: SA11AI.33545
<u>Baltimore</u>	MD 21227		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Quest Diagnostics Inc	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	400.00	
Full Name (Last, First, Middle Initial) Robert Harold Amsbaugh, Dr.			Date of Receipt
Mailing Address 901 Montgomery S	t		04 10 7 2009
City	State Zip Cod	е	Transaction ID: SA11AI.33748
Decorah	IA 52101-2	2325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Winneshiek County Mem Hosp	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date	e ▼	
Primary General Other (specify) ▼		250.00	
			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 71 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F		
/ Full Name (Last, First, Middle Initial) P. Thomas Anderson, Dr.		Date of Receipt
Mailing Address PO Box 1590		0 4 1 6 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.33731
Waterbury	CT 06721-1590	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Waterbury Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F. Paul Atkinson, Dr.		Date of Receipt
Mailing Address Department of Path 1000 Johnson Ferry	y Road	04 03 7 9 9
City	State Zip Code	Transaction ID: SA11AI.33477
Atlanta	GA 30042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Northside Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) A. Edward Barker, Dr.		Date of Receipt
Mailing Address 13751 Lake City W	ay NE	04 03 2009
City	State Zip Code	Transaction ID: SA11AI.33424
Seattle	WA 98125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Medical Lab Associates	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	l)	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 9 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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 o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kay Sarah Barksdale, Dr. Mailing Address 1901 Avenida Las Ca	ampanas NW		Date of Receipt 0 4 0 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.33358
Albuquerque	NM	87107-3203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Hospital San Pablo	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) A. Margaret Batt, Dr. Mailing Address 9303 Park West Boul	levard		Date of Receipt 0 4 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.33517
Knoxville	TN	37923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Pathology Laboratories We- st	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) T Jack Bechtel, Dr.			Date of Receipt
Mailing Address 1918 W State St			04 24 2009
City	State	Zip Code	Transaction ID: SA11AI.33296
Bristol	TN	37620-1940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		312.00
Name of Employer Highlands Pathology Consu- Itants, PC	Occupation Pathologi	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.00	
SUBTOTAL of Receipts This Page (optional)			1062.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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 addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M Peter Benda, Dr. Mailing Address 1001 SW Klickitat W	/ay Ste 205		Date of Receipt
PO Box 34245 City	State	Zip Code	04 16 2009
Seattle	WA	98124	Transaction ID: SA11AI.33539 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		312.00
Name of Employer Puget Sound Inst of Pathology PLLC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologis Aggregate	rt ∕ear-to-Date ▼ 312.00	
Full Name (Last, First, Middle Initial) David Brent Benjamin, Dr. Mailing Address Department of Patho			Date of Receipt
400 South 43rd Stree	et State	Zip Code	0 4 1 6 2 0 0 9 Transaction ID: SA11AI.33717
Renton	WA	98055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Valley Med Ctr	Occupation Pathologis	·t	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) E. Marian Bensema, Dr.			Date of Receipt
Mailing Address Department of Patho 1740 Nicholasville R			04 30 2009
City	State KY	Zip Code	Transaction ID: SA11AI.33206
Lexington FEC ID number of contributing federal political committee.	C	40503	Amount of Each Receipt this Period 1000.00
Name of Employer Central Baptist Hosp	Occupation Pathologis	.t	
Receipt For: Primary General Other (specify) ▼	_ '	/ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional))		1562.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persite name and address 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	
Full Name (Last, First, Middle Initial) C. Laurence Berg, Dr.		Date of Receipt
Mailing Address Department of Patho 1900 South Ave	logy	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 4 & & 0 & 2 & & 2 & 0 & 0 & 9 \end{bmatrix}$
City	State Zip Code	Transaction ID: SA11AI.33280
La Crosse	WI 54601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Gundersen Lutheran Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Laurence Berg, Dr.		Date of Receipt
Mailing Address Department of Patho 1900 South Ave	logy	04 23 7 2009
City	State Zip Code	Transaction ID: SA11AI.33281
La Crosse	WI 54601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Gundersen Lutheran Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.		Date of Receipt
Mailing Address 1255 W Washington	St	0 4 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.33223
<u>Tempe</u>	AZ 85281-1210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.00	
	1	

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / /1 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress 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	Political Action (Committee	
Full Name (Last, First, Middle Initial) A Stephen Betz, Dr.			Date of Receipt
Mailing Address 3 Barberry Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mason City	State IA	Zip Code 50401	Transaction ID: SA11AI.33443 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30401	500.00
Name of Employer Mercy Med Ctr-North Iowa	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) P Steven Bleiweiss, Dr.	I		Date of Receipt
Mailing Address 4 Arabian			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Coto De Caza	State CA	Zip Code 92679	Transaction ID: SA11Al.33593
FEC ID number of contributing federal political committee.	C	92079	Amount of Each Receipt this Period 250.00
Name of Employer St Bernardine Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' ' ~	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L. David Booker, Dr.			Date of Receipt
Mailing Address Department of Patl 2260 Wrightsboro	hology Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Augusta	State GA	Zip Code 30904	Transaction ID: SA11AI.33175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00004	250.00
Name of Employer St. Joseph Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	-1)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 71 (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 Politics			on for the purpose of soliciting contributions o solicit contributions from such committee.
/			
Full Name (Last, First, Middle Initial) A David Boudreaux, Dr.			Date of Receipt
Mailing Address 9050 Airline Hwy			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.33750
Baton Rouge	LA	70815-4192	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Woman's Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) S. Alan Bricklin, Dr.			Date of Receipt
Mailing Address Department of Patholo 18321 Clark Street	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.33537
Tarzana	CA	91356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tarzana Regional Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A. David Brinker, Dr.			Date of Receipt
Mailing Address Department of Patholo 7601 Osler Dr	ogy		04 24 7 2009
City	State	Zip Code	Transaction ID: SA11AI.33599
Towson	MD	21204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer St. Joseph Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 71 (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 th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	
College of American Pathologists Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) James Andrew Britton, Dr.		Date of Receipt
Mailing Address Pathology Departmer 2213 Cherry Street		04 23 2009
City	State Zip Code	Transaction ID: SA11AI.33615
Toledo FEC ID number of contributing federal political committee.	OH 43608	Amount of Each Receipt this Period 500.00
Name of Employer St. Vincent Mercy Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Aikman John Caldwell, Dr.		Date of Receipt
Mailing Address Department of Pathol 101 E Wood St		04 16 2009
City	State Zip Code SC 29303-3040	Transaction ID: SA11AI.33585
Spartanburg FEC ID number of contributing federal political committee.	SC 29303-3040	Amount of Each Receipt this Period 312.00
Name of Employer Spartanburg Regional Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	
Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr.		Date of Receipt
Mailing Address 625 West Olive Avenue	ue	0 4 2 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.33432
Merced	CA 95348-2419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Merced Pathology Med Grou- p.Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) .		1112.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 15 / 71 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold of the name and address of any p	or used by any perso political committee to	
College of American Pathologists F	olitical Action Committee		
Full Name (Last, First, Middle Initial) Ethan Sidney Carpenter, Dr.			Date of Receipt
Mailing Address Yosemite 1 Lab 7300 N Fresno St			04 03 2009
City	State Zip Code		Transaction ID: SA11AI.33381
Fresno	CA 93720-2	2942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Kaiser Permanente Med Ctr	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date	· V	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) John Daniel Carter, Dr.	•		Date of Receipt
Mailing Address Dept of Path 725 North St			04 23 2009
City	State Zip Code	е	Transaction ID: SA11AI.33185
<u>Pittsfield</u>	MA 01201		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer Berkshire Health Systems	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	400.00	
Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr.			Date of Receipt
Mailing Address Department of Path 206 E. Brown Stree	<u> </u>		04 02 7 2009
City	State Zip Code	е	Transaction ID: SA11AI.33529
East Stroudsburg	PA 18301		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Pocono Med Ctr	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date	. ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any pers 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) M Louis Chambers, Dr. Mailing Address 604 NW 40th St		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oklahoma City FEC ID number of contributing federal political committee.	State Zip Code OK 73118-7044	Transaction ID: SA11AI.33620 Amount of Each Receipt this Period 250.00
Name of Employer St. Anthony Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M Karen Clary, Dr. Mailing Address Department of Path 1425 Portland Ave City	nology State Zip Code	Date of Receipt 0 4 0 3 Transaction ID: SA11AI.33557
Rochester FEC ID number of contributing federal political committee. Name of Employer Rochester Genl Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) N Ryan Cole, Dr. Mailing Address 12899 N Schicks R	idge Rd	Date of Receipt
City Boise FEC ID number of contributing federal political committee.	State Zip Code ID 83714-9454 C	Transaction ID: SA11AI.33225 Amount of Each Receipt this Period 300.00
Name of Employer Cole Diagnostics Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional		800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/71 (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
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) G.P. James Collins, Dr.			Date of Receipt
Mailing Address 1101 Green Street Apt 1101			04 09 7 2009
City San Francisco	State CA	Zip Code 94109-2012	Transaction ID: SA11AI.33565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer San Leandro Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W Seth Cook. Dr.			Date of Receipt
Mailing Address 410 N Utica Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	ity State Zip Cod ubbock TX 79416		Transaction ID: SA11AI.33417
FEC ID number of contributing federal political committee.	C	79410	Amount of Each Receipt this Period 250.00
Name of Employer Mattison Pathology	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	_ , ' 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D. Franklin Curl, Dr.			Date of Receipt
Mailing Address Department of Path 4805 NE Glisan St	nology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Portland	State OR	Zip Code 97213	Transaction ID: SA11AI.33534 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Providence Portland Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	l		700.00

City Roseburg City Receipt For: Primary Receipt For: Primary Receipt Rosebuspoil, Dr. Mailing Address City San Antonio FEC ID number of contributing federal political committee. City San Antonio FEC ID number of contributing federal political committee. City San Antonio FEC ID number of contributing federal political committee. City San Antonio FEC ID number of contributing federal political committee. City Rane of Employer Pathologist Receipt For: Primary Rane of Employer Pathologist Receipt For: Primary Rane of Employer Pathologist Receipt For: Rane of Employer Primary Receipt For: Rane of Employer Primary Receipt For: Rane of Employer Randound Factor Randound Factor Randound Factor Rane of Employer Randound Factor Randound	ULE A (FEC Form 3X) ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Frederick John Dauterman, Dr. Mailing Address Dept of Path 2700 Stewart Pkwy City	nercial purposes, other than using the name and add DF COMMITTEE (In Full)	lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Roseburg FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr Pathologist Receipt For: Primary General Other (specify) ▼ Sthomas DeNapoli, Dr. Mailing Address Dept of Path & Lab 2827 Babcock Rd City San Antonio TX 78229-4813 FEC ID number of contributing federal political committee. Name of Employer Pathologist FULL Name (Last, First, Middle Initial) Shows Delay of Path & Lab 2827 Babcock Rd City San Antonio TX 78229-4813 FEC ID number of contributing federal political committee. Name of Employer Pathology Rel Anatomic Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr. Mailing Address D251 Mayo 420 Delaware St SE City State Zip Code Transaction ID: State Zip Code MN 55455-0341 FEC ID number of contributing federal political committee. C. Mailing Address D251 Mayo 420 Delaware St SE City State Zip Code Transaction ID: State NN 55455-0341 FEC ID number of contributing federal political committee. C Occupation Pathologist Receipt For: Name of Employer Occupation Pathologist Receipt For: Name of Employer Occupation Pathologist Receipt For: Primary General Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼	k John Dauterman, Dr. Address Dept of Path 2700 Stewart Pkwy		0 4 D D / Y 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 Mercy Med Ctr Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) S Thomas DeNapoli, Dr. Mailing Address Dept of Path & Lab 2827 Babcock Rd City San Antonio TX 78229-4813 FEC ID number of contributing federal political committee. Name of Employer Pathologist Primary General Other (specify) ▼ Date of Receipt Transaction ID: S Amount of Each R Pathologist Aggregate Year-to-Date ▼ Primary General Occupation Pathologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: S Amount of Each R Pathologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: S Amount of Each R Pathologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: S Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: S Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: S Transaction ID: S Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: S Transaction ID: S Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: S Occupation Pathologist Aggregate Year-to-Date ▼ Pathologist Transaction ID: S Occupation Pathologist Aggregate Year-to-Date ▼ Pathologist Transaction ID: S Occupation Pathologist Aggregate Year-to-Date ▼ Pathologist Transaction ID: S Occupation Pathologist Aggregate Year-to-Date ▼		•	Transaction ID: SA11AI.33442
Receipt For:	number of contributing	9/4/0-1281	Amount of Each Receipt this Period 300.00
B. S Thomas DeNapoli, Dr. Mailing Address Dept of Path & Lab 2827 Babcock Rd City San Antonio TX 78229-4813 FEC ID number of contributing federal political committee. Name of Employer Pathology Ref Anatomic Path Lab Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr. Mailing Address D251 Mayo 420 Delaware St SE City Minneapolis MN 55455-0341 FEC ID number of contributing federal political committee. Name of Employer Pathology Ref Anatomic Pathologist Aggregate Year-to-Date ▼ Transaction ID: S Amount of Each R Date of Receipt Transaction ID: S Transaction ID: S Amount of Each R Aggregate Year-to-Date ▼ Pathologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Pathologist Aggregate Year-to-Date ▼	For: Aggregate imary General	st Year-to-Date ▼	
City San Antonio FEC ID number of contributing federal political committee. Name of Employer Pathology Ref Anatomic Path Lab Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr. Mailing Address D251 Mayo 420 Delaware St SE City Minneapolis FEC ID number of contributing federal political committee. City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date ▼ Transaction ID: S Transaction ID: S Amount of Each R Transaction ID: S Amount of Each R Amount of Each R Amount of Each R Aggregate Year-to-Date ▼ Pathologist Aggregate Year-to-Date ▼ Primary General	as DeNapoli, Dr. Address Dept of Path & Lab		M M / D D / Y Y Y Y
San Antonio TX 78229-4813 Amount of Each R FEC ID number of contributing federal political committee. Name of Employer Pathology Ref Anatomic Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) M. Michelle Dolan, Dr. Mailing Address D251 Mayo 420 Delaware St SE City State Zip Code Mn 55455-0341 FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Receipt For: Primary General Occupation Pathologist Amount of Each R Amount of Each R Date of Receipt Transaction ID: S Amount of Each R		Zip Code	Transaction ID: SA11AI.33216
Receipt For: Name of Employer Pathology Ref Anatomic Pathologist	<u>itonio</u> TX	78229-4813	Amount of Each Receipt this Period
th Lab Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr. Mailing Address D251 Mayo 420 Delaware St SE City State Zip Code Minneapolis FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼			1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr. Mailing Address D251 Mayo 420 Delaware St SE City State Zip Code Minneapolis MN 55455-0341 FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date ▼	Famologi	st	
M. Michelle Dolan, Dr. Mailing Address D251 Mayo 420 Delaware St SE City State Zip Code Minneapolis MN 55455-0341 FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Pathologist Receipt For: Primary General Date of Receipt M M D D D D D D D D D D D D D D D D D	imary General		
A20 Delaware St SE City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Receipt For: Primary General State Zip Code Transaction ID: S Amount of Each R Occupation Pathologist Aggregate Year-to-Date 750.00	elle Dolan, Dr.		╡
Minneapolis FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Receipt For: Primary Amount of Each R Occupation Pathologist Aggregate Year-to-Date Aggregate Year-to-Date	==0:a, c		04 23 2009
FEC ID number of contributing federal political committee. Name of Employer Univ of MN Med Ctr-Fairview Pathologist Receipt For: Aggregate Year-to-Date ▼		· ·	Transaction ID: SA11AI.33682
Univ of MN Med Ctr-Fairvi- ew Pathologist Receipt For: Primary General Pathologist Aggregate Year-to-Date ▼	number of contributing	55455-0341	Amount of Each Receipt this Period 250.00
Primary General 350.00	MNINAAC+r Eaini		
Other (specify)		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	L of Receipts This Page (optional)		1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / /1 (check only one)
Any information copied from such Reports are 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) F Michael Doyle, Dr.			Date of Receipt
Mailing Address 1320 Mercy Dr Nw			04 03 2009
City Canton	State OH	Zip Code 44708-2641	Transaction ID: SA11AI.33441 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A Lawrence Dworkin, Dr.			Date of Receipt
Mailing Address 13705 Ne Airport V	Vay Ste C		04 03 2009
City Portland	State Zip Code and OR 97230-1048		Transaction ID: SA11AI.33380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,200	250.00
Name of Employer Kaiser Permanente	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Torsten Ehrig			Date of Receipt
Mailing Address 25 Florence Rd Ur	nit 41		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Branford	State CT	Zip Code 06405-4258	Transaction ID: SA11AI.33243 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00403 4230	208.00
Name of Employer Dermpath Lab of New Engla- nd	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.00]
SUBTOTAL of Receipts This Page (optional	20)		708.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any per sing the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologisi		
Full Name (Last, First, Middle Initial) Jeanette Valerie Fields, Dr.		Date of Receipt
Mailing Address 4191 Mendenha	0 4 1 6 2 0 0 9	
City High Point	State Zip Code NC 27265-8035	Transaction ID: SA11AI.33589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Spectrum Lab Network	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lawrence Keith Fisher, Dr.		Date of Receipt
Mailing Address 8183 Narrow Le	af Pt	0 4 2 4 2 0 0 9
City Sanford	State Zip Code FL 32771-8131	Transaction ID: SA11AI.33160
FEC ID number of contributing federal political committee.	C 3277-6151	Amount of Each Receipt this Period 312.00
Name of Employer AmeriPath	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	
Full Name (Last, First, Middle Initial) M. Margaret Flanagan, Dr.		Date of Receipt
Mailing Address 50 Kenwood Ro	ad	0 4 0 3 2 0 0 9
City Chambersburg	State Zip Code PA 17201-1256	Transaction ID: SA11AI.33642
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer The Chambersburg Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	ional)	812.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / /1 (check only one)
Any information copied from such Reports an 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 P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) A Thomas Fleury, Dr.			Date of Receipt
Mailing Address 5608 Overlea Rd			04 09 2009
City Bethesda	State MD	Zip Code 20816-1921	Transaction ID: SA11AI.33574 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sibley Mem Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A David Floering, Dr.			Date of Receipt
Mailing Address Pathology Lab 1 Medical Center Dr			04 03 2009
City State Zip Code Franklin OH 45005-2584			Transaction ID: SA11AI.33174
FEC ID number of contributing federal political committee.	C	45005-2584	Amount of Each Receipt this Period 300.00
Name of Employer Atrium Med Ctr	Occupatio Patholog		7
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) P. Edward Fody, Dr.			Date of Receipt
Mailing Address Laboratory 602 Michigan Ave			0 4 1 6 2 0 0 9
City Holland	State MI	Zip Code 49423	Transaction ID: SA11AI.33299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Holland Community Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 250.00	
			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 22 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
<u> </u>	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e 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 o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) W. Steven Freestone, Dr.			Date of Receipt
	Mailing Address Department of Pathol 1034 N 500 W			04 03 7 2009
	City Provo	State UT	Zip Code 84604	Transaction ID: SA11AI.33707 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Utah Valley Reg Med Ctr	Occupation		
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) A Robert Goldschmidt, Dr. Mailing Address 2650 Ridge Ave			Date of Receipt
	City	State	Zip Code	04 03 2009
	Evanston	IL	60201-1718	Transaction ID: SA11AI.33264 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Evanston Northwestern Hit- hcare	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) M Allen Gown, Dr.			Date of Receipt
	Mailing Address 551 N 34th St Ste 100	0		0 4 2 3 2 0 0 9
	City	State WA	Zip Code	Transaction ID: SA11AI.33526
	Seattle FEC ID number of contributing federal political committee.	C	98103-8675	Amount of Each Receipt this Period 1000.00
	Name of Employer PhenoPath Labs	Occupation		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
-	TOTAL This Period (last page this line numbe		<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 23 / 71 (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 NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
College of American Pathologists Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) Albert Mark Grathwohl, Dr.		Date of Receipt
Mailing Address 6 Livery Lane City	State Zip Code	04 23 2009
North Salem	NY 10560	Transaction ID: SA11AI.33475 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Northern Westchester Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr.		Date of Receipt
Mailing Address Dept of Path 1350 E Market St		04 24 2009
City <u>Warren</u>	State Zip Code OH 44482	Transaction ID: SA11AI.33653
FEC ID number of contributing federal political committee.	OH 44482	Amount of Each Receipt this Period 250.00
Name of Employer Trumbull Memorial Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) J Cameron Hall		Date of Receipt
Mailing Address 7550 Wolf River Blv	d # 200	0 4 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.33516
Germantown	TN 38138-1745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pathology Group of the Mi- dsouth	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full) College of American Pathologisi	s and Statements may not be sold or used by any person sing the name and address of any political committee to ts Political Action Committee	on for the purpose of soliciting contributions oscilicit contributions from such committee.
Full Name (Last, First, Middle Initial) O. Edgar Hartle, Dr. Mailing Address Laboratory 171 Fairview Rd City Mooresville FEC ID number of contributing federal political committee. Name of Employer Lake Norman Regional Med Ctr Receipt For: Primary General	State Zip Code NC 28117-9500 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) M Robert Haugh, Dr. Mailing Address 4125 Buckner La City Paducah FEC ID number of contributing federal political committee. Name of Employer Western Baptist Hosp Receipt For:		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) P Randy Hausted, Dr. Mailing Address Dept of Path 10 Woodland Ro City St Helena FEC ID number of contributing federal political committee. Name of Employer St. Helena Hosp Receipt For: Primary General	State Zip Code CA 94574 C Occupation Pathologist Aggregate Year-to-Date 250.00	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
, , ,	ional)	1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 71 (check only one) X
,	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 Politics	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) N. Ronald Horowitz, Dr. Mailing Address Department of Patholo PO Box 30480	ogy		Date of Receipt 0 4 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.33583
	<u>Lansing</u>	MI	48909-7980	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sparrow Health Sys	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) H. Lydia Howard, Dr. Mailing Address Pathology Department 4300 Alton Road			Date of Receipt 0 4 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33459
	Miami Beach	FL	33140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Mt. Sinai Med Ctr	Occupation Patholog	gist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
C.	Full Name (Last, First, Middle Initial) S. Herman Hurwitz, Dr. Mailing Address 1004 Annapolis Lane			Date of Receipt 0 4 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33544
	Cherry Hill	NJ	08003-8003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Quest Diagnostics Inc	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
Ì	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 71 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an	d Statements may	, ,	n for the purpose of soliciting contributions
Any information copied from such Reports and or for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
College of American Pathologists P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) M Daniel Jondle, Dr.			Date of Receipt
Mailing Address 1661 E Camelback	Rd Ste 140 ST	E	04 07 2009
City	State	Zip Code	Transaction ID: SA11AI.33359
Phoenix	AZ	85016-3957	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer unaffiliated	Occupatio		
	Patholog		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Barry David Kaminsky, Dr.			Date of Receipt
Mailing Address 1401 N Palm Canyo	on Dr		04 03 4 2009
City	State	Zip Code	Transaction ID: SA11AI.33505
Palm Springs	CA	92262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Pathology Inc	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Chuang-Shian Kiang			Date of Receipt
Mailing Address Dept of Path 2800 W 95th St			0 4
City	State	Zip Code	Transaction ID: SA11Al.33403
Evergreen Park	<u>IL</u>	60805-2701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Little Co of Mary Hosp & Hith Care Ctr	Occupatio Patholog		
Receipt For:	_ ' ' 	e Year-to-Date ▼	
Primary General Other (specify) ▼	1.99.594.6	250.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 71 (check only one) X 11a 11b 11c 12
Any information copied from such Reports aror for commercial purposes, other than using	nd Statements may the name and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) L. Lynn Kleopfer, 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	State	Zip Code	Transaction ID: SA11AI.33192
Columbia	MO	65201-6525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Boyce & Bynum PS Inc	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Teresa Kathryn Knight, Dr.	I		Date of Receipt
Mailing Address 208 S Goose Hill R	ld		04 22 2009
City	State	Zip Code	Transaction ID: SA11AI.33172
Rocky Face	GA	30740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Unaffiliated	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) L. Herman Koester, Dr.			Date of Receipt
Mailing Address 26419 Ridgestone	Park Ln		04 24 2009
City	State	Zip Code	Transaction ID: SA11AI.33782
Cypress	TX	77433-1279	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer unafilliated	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional			1800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / /1 (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) C Nancy Kois, Dr.			Date of Receipt
Mailing Address 1577 E Holly St			04 16 2009
City Boise	State ID	Zip Code 83712	Transaction ID: SA11AI.33590 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St. Alphonsus Regional Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) H Margaret Kowalski, Dr.			Date of Receipt
Mailing Address 12 Briarwood Ln			04 03 2009
City	State	Zip Code	Transaction ID: SA11AI.33715
New Hartford FEC ID number of contributing federal political committee.	C	13413-2450	Amount of Each Receipt this Period 300.00
Name of Employer Crouse Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ , '	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C Tita Lamm, Dr.			Date of Receipt
Mailing Address 900 Wellston Ct			0 4 2 3 2 0 0 9
City Glen Allen	State VA	Zip Code 23059-2615	Transaction ID: SA11AI.33191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	250.00
Name of Employer Bostwick Laboratories	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1050.00

SCHEDULE /	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 71 (check only one) X 11a
or for commercial pu	rposes, other than using the r	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, R Paula Larson, D	First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Antonio		State TX	Zip Code 78229-3979	Transaction ID: SA11AI.33581 Amount of Each Receipt this Period
FEC ID number of federal political co		C	10223 0070	250.00
Name of Employe Southwest Texas Hosp Receipt For: Primary Other (spec	General	Occupation Pathologi Aggregate		
Full Name (Last, J. Donald Leathers Mailing Address	First, Middle Initial) , Dr. Dept of Path 777 Rural Ave			Date of Receipt 0 4 3 0 7 2 0 0 9
City	777 Hurai Ave	State	Zip Code	Transaction ID: SA11AI.33636
Williamsport FEC ID number of federal political controls.		C	17701-3109	Amount of Each Receipt this Period 208.00
Name of Employe Susquehanna He	r alth System	Occupation Pathologi		
Receipt For: Primary Other (spec	General ify) ▼	<u> </u>	Year-to-Date ▼ 208.00	
Full Name (Last, H. Won Lee, Dr.	First, Middle Initial)			Date of Receipt
Mailing Address	Laboratory 3700 Kolbe Road			04 23 7 2009
City		State	Zip Code	Transaction ID: SA11AI.33231
Lorain FEC ID number of federal political co		ОН	44053-1697	Amount of Each Receipt this Period 300.00
Name of Employe Community Healt West Campus	r h Partners	Occupation Pathologi	st	
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 300.00]
SUBTOTAL of Rec	Leipts This Page (optional)			758.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 71 (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 NAME OF COMMITTEE (In Full) College of American Pathologists Personal Personal Pathologists Personal Pathologists Personal P	d Statements may not be sold or used by any persite name and address of any political committee to blitical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elliott John LeeSang, Dr. Mailing Address Dept of Pathology 1301 Wonder World City San Marcos FEC ID number of contributing federal political committee. Name of Employer Central Texas Med Ctr Receipt For: Primary General	State Zip Code TX 78666-7533 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M / 22 2 2 2 0 0 9 Transaction ID: SA11AI.33208 Amount of Each Receipt this Period 312.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) W Jessica Leiden, Dr. Mailing Address 1105 20th St E City Tifton FEC ID number of contributing federal political committee.	State Zip Code GA 31794-3692 C Occupation	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 Tifton Pathological Srvcs PC Receipt For:	Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
City Franklin FEC ID number of contributing federal political committee. Name of Employer Williamson Med Ctr Receipt For: Primary General	State Zip Code TN 37067-8542 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Transaction ID: SA11AI.33745 Amount of Each Receipt this Period 500.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	0 0 0 0 0 0 0 0	1062.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate scl for each category Detailed Summar	of the
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 address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P Joseph Leverone, Dr. Mailing Address 4800 Markay Rdg		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Minneapolis FEC ID number of contributing federal political committee.	State Zip Code MN 55422-4121	Transaction ID: SA11AI.33604 Amount of Each Receipt this Period 250.00
Name of Employer St Joseph's Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) A. Joe Lewis, Dr. Mailing Address Lab 600 Elizabeth St City Corpus Christi FEC ID number of contributing federal political committee.	State Zip Code TX 78404	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 Christus Spohn Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Initial) R. Kenneth Lidonnici, Dr. Mailing Address Laboratory 101 Hospital Rd City Patchoque FEC ID number of contributing	State Zip Code NY 11772	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Brookhaven Memorial Hosp Med Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	250.00
SUBTOTAL of Receipts This Page (optional)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any pers 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)		Data of Bassist
M. Bradley Linzie, Dr. Mailing Address Lab Medicine and F 701 Park Ave	Pathology P4	Date of Receipt 0 4 2 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.33291
Minneapolis	MN 55415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hennepin County Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ming Liu		Date of Receipt
Mailing Address One Brookdale Plz		0 4 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.33196
Brooklyn	NY 11212-3198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Brookdale Univ Hosp Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Eliud Lopez-Velez	I	Date of Receipt
Mailing Address Paseo San Juan Rogativa B7		04 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.33209
San Juan	PR 00926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Centro Citopatologico del Caribe	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	750.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 71 (check only one) X 11a
or for c	commercial purposes, other than using the	Statements mage 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.
\	ME OF COMMITTEE (In Full) Ilege of American Pathologists Pol	itical Action (Committee	
	Name (Last, First, Middle Initial) an Manzo			Date of Receipt
	ling Address 26 Marlboro Rd	Ctata	7:- 0-4-	04 23 2009
City <u>He</u>		State NJ	Zip Code 07421-2412	Transaction ID: SA11AI.33476 Amount of Each Receipt this Period
FEO	C ID number of contributing eral political committee.	C	VI TE LETTE	250.00
Nar Nor	ne of Employer thern Westchester Hosp	Occupatio Patholog		
Rec	eeipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
B. Jea	Name (Last, First, Middle Initial) n Monna Marolt, Dr. ling Address 25181 Firefly Ave			Date of Receipt
	mig Addicase 251011 Helly Ave			0 4 2 3 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.33683
<u>W</u> y	<u>/oming</u>	MN	55092	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		500.00
Uni	ne of Employer v of Minnesota Med Ctr, rview	Occupatio Patholog		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) arles Thomas Martin, Dr.			Date of Receipt
Mai	ling Address Dept of Path PO Box 1489			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.33633
FEO	pemarle C ID number of contributing eral political committee.	NC C	28002-1489	Amount of Each Receipt this Period 750.00
Nar Sta	ne of Employer nly Memorial Hosp	Occupatio Patholog		
Rec	eeipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 750.00	
SUBT	OTAL of Receipts This Page (optional) .	1		1500.00
	L This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 11
An	y information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	he 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) G. Alden McBee, Dr. Mailing Address Department of Pathor 155 Wilson Avenue	ology		Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.33728
	Washington	PA	15301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Washington Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) M Denis McCarthy, Dr. Mailing Address 2243 Kincaid St			Date of Receipt 0 4
	City	State	Zip Code	Transaction ID: SA11AI.33514
	Eugene	OR	97405-3053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Oregon Medical Laboratori- es	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Jane Mary McClements, Dr. Mailing Address Bayhealth Medical C 21 W Clarke Ave	enter		Date of Receipt 0 4 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33451
	Milford	DE	19963	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Milford Memorial Hosp	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SI	UBTOTAL 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 35 / 71 (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 to	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) C Edward McDonald, Dr.		Date of Receipt
Mailing Address Dept of Path 4220 Harding Pike	7:01	04 03 2009
City	State Zip Code	Transaction ID: SA11AI.33613
Nashville FEC ID number of contributing federal political committee.	TN 37205-2095	Amount of Each Receipt this Period 300.00
Name of Employer St. Thomas Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) E. Roger McLendon, Dr.		Date of Receipt
Mailing Address Department of Patho PO Box 3712	logy	04 02 2009
City	State Zip Code	Transaction ID: SA11AI.33255
<u>Durham</u>	NC 27710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Duke Univ Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) R. Benton Middleman, Dr.		Date of Receipt
Mailing Address 5211 Meaders Ln		0 4 2 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.33184
Dallas	TX 75229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Baylor Med Ctr @ Garland	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		800.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16
or for con	mation copied from such Reports and St nmercial purposes, other than using the E OF COMMITTEE (In Full) ge of American Pathologists Politi	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
R. Ale Mailin City Macc FEC I federa Name Colise Recei	ame (Last, First, Middle Initial) x Mitchell, Dr. g Address 4920 Wellington Drive D number of contributing all political committee. of Employer eum Med Ctr ot For: Primary General	State GA C Occupation 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 N R. Din	Other (specify) ame (Last, First, Middle Initial) a Mody, Dr. g Address Laboratory Medicine 6565 Fannin	State TX	Zip Code 77030-2707	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name The N Recei	D number of contributing Il political committee. of Employer Methodist Hosp ot For: Primary General Other (specify)	Occupation Patholog Aggregate		500.00
G. Jac Mailin City Hous	ame (Last, First, Middle Initial) queline Monheit, Dr. g Address 5463 Darnell St ston D number of contributing Il political committee.	State TX	Zip Code 77096	Date of Receipt M M O 3
Name Baylor Recei	of Employer College of Medicine of For: Primary General Other (specify)	Occupation Patholog Aggregate		
SUBTO	FAL of Receipts This Page (optional)			1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 71 (check only one) X 11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/		IIICAI ACIION	Committee	1
۸.	Full Name (Last, First, Middle Initial) Shahla Moshiri Mailing Address Department of Pathol	oav		Date of Receipt
	110 Old Padonia Rd S			04 03 2009
	City	State	Zip Code	Transaction ID: SA11Al.33210
	Baltimore	MD	21030-1030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Chesapeake Diagnostics Lab	Occupation Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 250.00	1
_	Other (specify) ▼	0 0		
3 .	Full Name (Last, First, Middle Initial) Lee Georgina Murray, Dr.			Date of Receipt
-	Mailing Address 4485 Penhurst Ct			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.33749
	<u>Fayetteville</u>	NC	28311-6945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Womack Army Med Ctr	Occupation Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
. —	Full Name (Last, First, Middle Initial) Melissa Murray			Date of Receipt
	Mailing Address 3907 46th St			04 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.33431
	Sunnyside	NY	11104-1407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.00
	Name of Employer Memorial Sloan-Kettering Cancer Center	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.00	
	SUBTOTAL of Receipts This Page (optional) .			708.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / /1 (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) L. Diana Nevins, Dr.			Date of Receipt
Mailing Address Department of Path 8303 Dodge St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Omaha	State NE	Zip Code 68114-4199	Transaction ID: SA11AI.33445 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00114-4133	250.00
Name of Employer Methodist Hospital	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P. David Nicholson, Dr.	I		Date of Receipt
Mailing Address 2201 Dupont Drive	04 23 7 2009		
City Pensacola	State FL	Transaction ID: SA11AI.33566	
FEC ID number of contributing federal political committee.	C	32503-4211	Amount of Each Receipt this Period 250.00
Name of Employer Santa Rosa Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) William Robert Novak, Dr.			Date of Receipt
Mailing Address Dept of Path One Perkins Sq			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Akron	State OH	Zip Code 44308-1062	Transaction ID: SA11AI.33213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77000 1002	250.00
Name of Employer Children's Hosp Med Ctr of Akron	Occupation Patholog	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 39 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 11
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 p	or used by any person political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Burkhalter Ann Oaks, Dr. Mailing Address Department of Pathologous One of the Street City High Point FEC ID number of contributing federal political committee. Name of Employer High Point Regional Hosp	State Zip Cod NC 27261 C Occupation Pathologist	le	Date of Receipt M M J D D D Z 2 0 0 9 Transaction ID: SA11AI.33294 Amount of Each Receipt this Period 240.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	240.00	
Full Name (Last, First, Middle Initial) Irene Lauren O Brien, Dr. Mailing Address Path Clin Lab 100 W California Blvd City Pasadena FEC ID number of contributing	State Zip Cod CA 91105-3		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-to-Date	1000.00	_
Full Name (Last, First, Middle Initial) J. Michael Odell Mailing Address Cellnetix Pathology Providence St. Peter I	State Zip Cod		Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olympia FEC ID number of contributing federal political committee.	WA 98506-5	5133	Amount of Each Receipt this Period 250.00
Name of Employer Providence St Peter Hospital Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	·····	990.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
2	Full Name (Last, First, Middle Initial)	lical Action	Committee	
۱.	S. John Oehrle, Dr. Mailing Address Department of Labora 1301 Carlisle St.	tories		Date of Receipt 0 4 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33155
	Natrona Heights	PA	15065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Allegheny Valley Hospital	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) Mihaela Onciu			Date of Receipt
	Mailing Address Department of Patholo 332 N Lauderdale St #	04 / 23 / Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.33626
	Memphis FEC ID number of contributing federal political committee.	C	38105	Amount of Each Receipt this Period 250.00
	Name of Employer St. Jude Children's Resea- rch Hosp	Occupation Pathologo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) M. Joon Park, Dr.			Date of Receipt
	Mailing Address Department of Patholo 269 Portland Way S	ogy		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.33271
	Galion	OH	44833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Galion Community Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		800.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 11
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) Corbin Joseph Parker, Dr. Mailing Address 4606 Wolfcreek Pkw City Louisville FEC ID number of contributing federal political committee. Name of Employer Univ of Louisville Hosp Receipt For: Primary General	State Zip Code KY 40241-5502 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 0 9 Transaction ID: SA11AI.33672 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) P. Laurence Parmer, Dr. Mailing Address 83 Fairway Ct Apt D City Lakewood FEC ID number of contributing federal political committee. Name of Employer Hospital San Pablo	State Zip Code NJ 08701 C Occupation Pathologist	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
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) O. Jackson Pemberton, Dr. Mailing Address Laboratory Department 1 Medical Village Dr City Edgewood FEC ID number of contributing federal political committee.	Aggregate Year-to-Date 300.00 State Zip Code KY 41017	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer St. Elizabeth Med Ctr Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Pathologist Aggregate Year-to-Date 300.00	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 42 / /1 (check only one) X 11a				
or for commercial purposes, other than using	d Statements may not be sold or used by any pet the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action Committee					
Full Name (Last, First, Middle Initial) P Lina Perry, Dr.		Date of Receipt				
Mailing Address Dept of Path 110 N Main St	Mailing Address Dept of Path					
City <u>Greenville</u>	State Zip Code PA 16125-1726	Transaction ID: SA11AI.33702 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer UPMC Horizon Greenville	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) P Lina Perry, Dr.		Date of Receipt				
Mailing Address Dept of Path 110 N Main St	04 30 7 2009					
City Greenville	State Zip Code PA 16125-1726	Transaction ID: SA11AI.33701				
FEC ID number of contributing federal political committee.	C 10123-1720	Amount of Each Receipt this Period				
Name of Employer UPMC Horizon Greenville	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
Full Name (Last, First, Middle Initial) Kirilov Nikolay Popnikolov, Dr.		Date of Receipt				
Mailing Address Dept of Path & Lab 245 N 15th St MS 4	04 24 2009					
City Philadelphia	State Zip Code PA 19102-1192	Transaction ID: SA11AI.33251 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Drexel Univ College of Med	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
		600.00				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Y)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 71 (check only one)		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the 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 o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (Committee			
Full Name (Last, First, Middle Initial) James Puerner			Date of Receipt		
	Mailing Address Department Of Pathology				
City Milwaukee	State WI	Zip Code 53211-2906	Transaction ID: SA11AI.33230		
FEC ID number of contributing federal political committee.	C	33211-2906	Amount of Each Receipt this Period 1500.00		
Name of Employer Columbia St Marys Hosp	Occupatio Patholog				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00			
Full Name (Last, First, Middle Initial) E Peter Ramirez, Dr.	I		Date of Receipt		
Mailing Address 27724 Ranch Ln	04 03 2009				
City Boerne	State TX	Zip Code 78006-4816	Transaction ID: SA11AI.33446		
FEC ID number of contributing federal political committee.	C	7000-4010	Amount of Each Receipt this Period 400.00		
Name of Employer Ameripath South Texas	Occupatio Patholog				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial)			Date of Receipt		
	Ann Ruth Reardon, Dr. Mailing Address 1915 West Beebe Capps Expy				
City	State	Zip Code	Transaction ID: SA11AI.33393		
Searcy FEC ID number of contributing federal political committee.	AR C	72143	Amount of Each Receipt this Period 250.00		
Name of Employer Lab of Path, PA	Occupatio Patholog				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	l)		2150.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / /1 (check only one)		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee			
Full Name (Last, First, Middle Initial) P. Richard Regan, Dr.			Date of Receipt		
	Mailing Address 25w155 Setauket Ave.				
City Naperville	State IL	Zip Code 60540	Transaction ID: SA11AI.33482 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		750.00		
Name of Employer Northwest Community Hosp	Occupation Pathologi				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial) M. Ronald Rhatigan, Dr.			Date of Receipt		
Mailing Address 13795 Sawpit Rd.	04 24 2009				
City Jacksonville	State FL	Zip Code 32226	Transaction ID: SA11AI.33671 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Ameripath Northeast Flori-	Occupation Pathologic				
da Receipt For: Primary General Other (specify) ▼	_ , '	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) M. Robert Ridout, Dr.			Date of Receipt		
Mailing Address Department of Path PO Box 1140	nology		04 23 7 2009		
City Texarkana	State TX	Zip Code 75504-1140	Transaction ID: SA11AI.33218 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Christus-St. Michael Heal- th Sys	Occupation Pathologic				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	J		1250.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 71 (check only one) X 11a
Any information copied from such Reports an 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 P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) E. James Roberts. Dr.			Date of Receipt
Mailing Address 565 Memorial Circle	04 23 2009		
City Ormond Beach	State FL	Zip Code 32174	Transaction ID: SA11AI.33720 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OZ174	350.00
Name of Employer Volusia Pathology Group	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' 	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Jayne Paula Rogers, Dr.			Date of Receipt
Mailing Address Dept of Pathology 2825 Parklawn Dr	04 03 7 2009		
City Midwest City	State OK	Zip Code 73110	Transaction ID: SA11AI.33450 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70110	300.00
Name of Employer Midwest Reg Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' 	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) E. David Rubin, Dr.			Date of Receipt
Mailing Address Dept of Path 255 Lafayete Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Suffern	State NY	Zip Code 10901	Transaction ID: SA11AI.33279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Occupation Pathology		10001	250.00
Receipt For: Primary General Other (specify) ▼	_ ' 	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			900.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 71 (check only one) X 11a
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 perso g 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) Lee Scott Sargent, Dr. Mailing Address 5292 Newell Cir		Date of Receipt
City Kettering	State Zip Code OH 45440-2807	Transaction ID: SA11AI.33350 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Unaffiliated Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date	250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) F. Michael Schaldenbrand, Dr.	250.00	Date of Receipt
Mailing Address Department of Pai PO Box 2500 City Dearborn FEC ID number of contributing federal political committee.	State Zip Code MI 48123-2500	Transaction ID: SA11AI.33487 Amount of Each Receipt this Period 250.00
Name of Employer Oakwood Hosp & Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. James Schnabel, Dr. Mailing Address Department of Pai 3300 NW Express		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oklahoma City FEC ID number of contributing	State Zip Code OK 73112	Transaction ID: SA11AI.33371 Amount of Each Receipt this Period
federal political committee. Name of Employer Integris Baptist Med Ctr	Occupation Pathologist	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)	800.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) ege 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.
Full N	Name (Last, First, Middle Initial)			Date of Receipt
Mailir	ng Address Laboratory Medicine 100 North Academy A	venue		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.33273
	ID number of contributing al political committee.	C	17822-0131	Amount of Each Receipt this Period 250.00
	e of Employer nger Health System	Occupatio Patholog		
Rece	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
J. Ste	Name (Last, First, Middle Initial) sphen Schultenover, Dr. ng Address Nashville Campus			Date of Receipt
City	P&LMS 113	State	Zip Code	04 23 2009
-	hville	TN	37212	Transaction ID: SA11AI.33714 Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		250.00
Name VA N	e of Employer led Ctr-Nashville	Occupation Patholog		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) hard Schwartz, Dr.			Date of Receipt
Mailii	ng Address Dept of Path 718 Teaneck Rd.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Tea</u>	a a alv	State	Zip Code	Transaction ID: SA11AI.33300
FEC	ID number of contributing al political committee.	NJ C	07666	Amount of Each Receipt this Period 500.00
Name Holy	e of Employer Name Hosp	Occupatio Patholog		7
Rece	ipt For: Primary General Other (specify) ▼	, ·	e Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1000.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 71 (check only one) X
or for c	formation copied from such Reports and Scommercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements ma e 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 o solicit contributions from such committee.
∑ Co	llege of American Pathologists Pol	itical Action	Committee	
<u>L. C</u>	Name (Last, First, Middle Initial) David Scrivner, Dr.			Date of Receipt
iviai	ling Address Department of Patholo 232 S. Woods Mill Ro	ogy ad		04 23 2009
City		State	Zip Code	Transaction ID: SA11AI.33609
<u>Ch</u>	esterfield	MO	63017	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
	me of Employer Luke's Hosp	Occupation Patholog		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Name (Last, First, Middle Initial) an Michael Sennett, Dr.			Date of Receipt
	ling Address Nwth 1501 S Coulter St			04 / 03 / 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.33157
FE	narillo CID number of contributing eral political committee.	C	79106-1770	Amount of Each Receipt this Period 250.00
Nar Am ate	ne of Employer arillo Pathology Associ- s	Occupation Patholog		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial)			Date of Receipt
	ling Address 4 Landau Ln			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.33354
<u>An</u>	dover	MA	01810-4510	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		300.00
	ne of Employer spital San Pablo	Occupation Patholog		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	OTAL of Receipts This Page (optional) .			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 49 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and address of any political committe	erson for the purpose of soliciting contributions te to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. Joseph Sleater, Dr. Mailing Address 56 Cedar Hill Dr City Asheville FEC ID number of contributing federal political committee. Name of Employer Mission St Josephs Hospital Receipt For: Primary General Other (specify)	State Zip Code NC 28803-3043 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M J D D D Z D O D Z D O D D D D D D D D D D
Full Name (Last, First, Middle Initial) B. Fred Smith, Dr. Mailing Address Dept of Path 153 W 11Th St City New York FEC ID number of contributing federal political committee. Name of Employer St. Vincent's Hosp & Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NY 10011-8305 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M O 3 2009 Transaction ID: SA11Al.33616 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) George Robert Stallings, Dr. Mailing Address 162 Dogwood Ln City Rutherfordton FEC ID number of contributing federal political committee. Name of Employer Rutherford Hosp Inc Receipt For: Primary General Other (specify)	State Zip Code NC 28139-3222 C Occupation Pathologist Aggregate Year-to-Date ▼ 312.00	Date of Receipt M M M D D D 2009 Transaction ID: SA11AI.33564 Amount of Each Receipt this Period 312.00
SUBTOTAL of Receipts This Page (optional) .		812.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 71 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists I	nd Statements may not be sold or used by any person 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) P. David Stanley, Dr. Mailing Address 1150 N 18th St Ste	102 State Zip Code	Date of Receipt 0 4 0 2 2 0 0 9 Transaction ID: SA11AI.33220
Abilene FEC ID number of contributing federal political committee.	TX 79601-2931	Amount of Each Receipt this Period 250.00
Name of Employer Abilene Path Assoc Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) D. Michael Stargel, Dr. Mailing Address Pathology Departm 5665 Peachtree-Du		Date of Receipt M
Atlanta FEC ID number of contributing federal political committee.	GA 30342	Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph's Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) F Janet Stastny, Dr. Mailing Address PO Box 2484 2400 Susannah St	Ste A	Date of Receipt 0 4 1 0 2 0 0 9
City Johnson City FEC ID number of contributing	State Zip Code TN 37601	Transaction ID: SA11AI.33504 Amount of Each Receipt this Period
federal political committee. Name of Employer Outpatient Cytopathology Ctr	Occupation Pathologist	500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	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 51 / 71 (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)	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 Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Jakub Stefka			Date of Receipt
	Mailing Address Lab 2301 House Ave Ste 1	08		04 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.33165
	Cheyenne	WY	82001-3177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Anapath Diagnostics, Inc	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
– В.	Full Name (Last, First, Middle Initial) James David Sterner, Dr.			Date of Receipt
	Mailing Address 848 Settlers Circle			04 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.33571
	Sheboygan Falls	WI	53085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sheboygan Mem Med Ctr	Occupation Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
c. –	Full Name (Last, First, Middle Initial) K Rachel Stevens, Dr.	•		Date of Receipt
	Mailing Address 1701 E 23rd Ave			0 4 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33367
	Hutchinson	KS	67502-1105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		312.00
	Name of Employer Hutchinson Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 312.00	
	SUBTOTAL of Receipts This Page (optional)			862.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	I Statements may not be sold or used by any prehe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Allen Craig Storm, Dr.		Date of Receipt
	Mailing Address 8 Stagecoach Rd		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.33237
	Lebanon	NH 03766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dartmouth Hitchcock Med Ctr	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)		
	J. Jeffrey Tarrand, Dr. Mailing Address Microbiology		Date of Receipt
	1515 Holcombe Blvo		04 23 2009
	City Houston	State Zip Code TX 77030-4009	Transaction ID: SA11AI.33709
	FEC ID number of contributing federal political committee.	C 77000 4000	Amount of Each Receipt this Period 250.00
	Name of Employer UT MD Anderson Cancer Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ann Taylor		Date of Receipt
	Mailing Address Department of Patho 8th Ave & C St	ology	04 23 2009
	City	State Zip Code	Transaction ID: SA11AI.33401
	Salt Lake City FEC ID number of contributing federal political committee.	UT 84143	Amount of Each Receipt this Period 250.00
	Name of Employer LDS Hosp	Occupation	
	Receipt For:	Pathologist	<u> </u>
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)		750.00

Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)		13 14 15 16 17
College of American Pathologists P	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) Andrew Cullen Taylor, Dr. Mailing Address 4134 Chatham Hill City Winston Salem FEC ID number of contributing federal political committee.	Or State Zip Code NC 27104-1439	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 Forsyth Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) W. Mark Teague, Dr. Mailing Address 2904 Westcorp Blvd	d SW Ste 108	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huntsville	State Zip Code AL 35805-6437	Transaction ID: SA11AI.33511 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Pathology Associates PC Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marie Denise Tritz, Dr. Mailing Address Laboratory 100 St Marys Med F	Noza	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jefferson City	State Zip Code MO 65101	Transaction ID: SA11AI.33630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Mary's Health Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 71 (check only one) X
A	ny information copied from such Reports and r 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 o solicit contributions from such committee.
. ∠ a.	Full Name (Last, First, Middle Initial) J. Michael Trump, Dr.			Date of Receipt
	Mailing Address 100 3rd Ave S Unit 2: City	802 State	Zip Code	0 4 0 9 2 0 0 9 Transaction ID: SA11Al.33658
	Minneapolis	MN	55401-2724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00101 2721	250.00
	Name of Employer United Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) J. Allan Tucker			Date of Receipt
	Mailing Address Department of Pathol 2451 Fillingim Street		7in Codo	04 22 2009
	City Mobile	State AL	Zip Code 36617-2293	Transaction ID: SA11AI.33692 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30017 2230	250.00
	Name of Employer Univ of S Alabama Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) G. Warren Tucker, Dr.			Date of Receipt
	Mailing Address Department of Pathol 316 Calhoun Street	logy		04 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.33560
	Charleston FEC ID number of contributing federal political committee.	SC C	29401	Amount of Each Receipt this Period 500.00
	Name of Employer Roper Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	_,	Year-to-Date ▼ 500.00	
Ę	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 55 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
7	Full Name (Last, First, Middle Initial)	IIIICAI ACIION	Committee	T
۱.	N. Paul Valenstein, Dr. Mailing Address Department of Pathol			Date of Receipt
	5301 E. Huron River			04 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.33602
	Ann Arbor FEC ID number of contributing	C	48106-0955	Amount of Each Receipt this Period 312.00
	federal political committee.			
	Name of Employer St Joseph Mercy Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	312.00	
- 3.	Full Name (Last, First, Middle Initial) A Leonard Valentino, Dr.			Date of Receipt
	Mailing Address 105A Cooper Ct			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.33169
	Los Gatos	CA	95032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Associated Path Med Group, Inc	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
_ :	Full Name (Last, First, Middle Initial) Paul Michael Viglione, Dr.			Date of Receipt
•	Mailing Address 44 E Elm St			0 4 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33396
	Chicago	IL	60611-1016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Forest Hosp	Occupation Patholog		7
	Receipt For: Primary General Other (specify) ▼	_ ·	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		812.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sun		FOR LINE NUMBER: PAGE 56 / 71 (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 Pol	e name and address of any polit	used by any person tical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven Mitchell Wachtel, Dr.			Date of Receipt
Mailing Address Path Dept School of I 3601 Fourth St City	State Zip Code		0 4 2 4 2 0 0 9 Transaction ID: SA11AI.33639
Lubbock	TX 79430		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Texas Tech Univ HSC	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	350.00	
Full Name (Last, First, Middle Initial) H Gail Walker, Dr. Mailing Address 1354 Drakie Ct			Date of Receipt
Oit.	Ctata 7'a Cada		04 23 2009
City Lilburn	State Zip Code GA 30047		Transaction ID: SA11AI.33262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Emory Eastside Med Ctr	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) L. Michael Wallace, Dr.	1		Date of Receipt
Mailing Address 203 Grandview Dr N			04 03 2009
City	State Zip Code		Transaction ID: SA11AI.33548
<u>Pittsburgh</u>	PA 15215-151	5	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Rabkin Dermatopathology Lab	Occupation Pathologist		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional))	1100.00
TOTAL This Period (last page this line numbe	· only)	•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 71 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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 personant the name and address of any political committee to control of the contro	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karls Bretta Warren, Dr. Mailing Address 800 W Central Rd City Arlington Heights FEC ID number of contributing federal political committee. Name of Employer Northwest Cmnty Hosp Receipt For: Primary General Other (specify)	State Zip Code IL 60005-2392 C Occupation Pathologist Aggregate Year-to-Date 312.00	Date of Receipt M M C 24 2009 Transaction ID: SA11AI.33481 Amount of Each Receipt this Period 312.00
Full Name (Last, First, Middle Initial) S. Carolyn Watson, Dr. Mailing Address Department of Path 2501 Kentucky Ave City Paducah FEC ID number of contributing federal political committee. Name of Employer Western Baptist Hosp Receipt For: Primary General Other (specify)		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) Thomas Gerald Wedemeyer, Dr. Mailing Address 811 Lawman Ave City Bridgeport FEC ID number of contributing federal political committee. Name of Employer United Hosp Ctr Receipt For: Primary General Other (specify)	State Zip Code WV 26330-1222 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M J D D J 2009 Transaction ID: SA11AI.33659 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	l) >	862.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 71 (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 osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) L Alice Werner, Dr.			Date of Receipt
Mailing Address 601 Childrens Ln			04 03 2009
City Norfolk	State VA	Zip Code 23507-1971	Transaction ID: SA11AI.33214 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Children's Hosp of the Kings Daughters Receipt For:	Occupatio Patholog		
Primary General Other (specify) ▼	Aggregate	300.00	
Full Name (Last, First, Middle Initial) A. Bruce Werness, Dr.			Date of Receipt
Mailing Address Path 3600 Joseph Siewid	ck Dr		04 23 2009
City Fairfax	State VA	Zip Code 22033	Transaction ID: SA11AI.33370 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Inova Fair Oaks Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' ' 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Brian Alexander West, Dr.			Date of Receipt
Mailing Address Dept of Path 310 Cedar St PO B	ox 208023		0 4 1 6 2 0 0 9
City New Haven	State CT	Zip Code 06520-8023	Transaction ID: SA11AI.33753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		312.00
Name of Employer Yale University	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 312.00	
SUBTOTAL of Receipts This Page (optional	.0		862.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / /1 (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 osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Aaron Lamont Wettstein, Dr.			Date of Receipt
Mailing Address PO box 72059			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City Eugene	State OR	Zip Code 97401	Transaction ID: SA11AI.33513 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Pathology Consultants PC	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Ross Wheeler, Dr.			Date of Receipt
Mailing Address 834 Brightwater Cir			0 4 0 3 2 0 0 9
City Maitland	State FL	Zip Code 32751	Transaction ID: SA11AI.33267
FEC ID number of contributing federal political committee.	C	32/31	Amount of Each Receipt this Period 500.00
Name of Employer Florida Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) H. Michael Whittaker, Dr.			Date of Receipt
Mailing Address W204 N11959 Gold	dendale Road		04 10 2009
City Germantown	State WI	Zip Code 53022	Transaction ID: SA11AI.33733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Waukesha Mem Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
			1050.00

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 personen 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) N. Rebecca Williams, Dr. Mailing Address 355 Firetown Rd City Simsbury FEC ID number of contributing federal political committee. Name of Employer Hartford Hosp Receipt For:	State Zip Code CT 06070-1219 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Gary Witkin, Dr. Mailing Address Dept of Pathology	208.00	Date of Receipt
City Newark FEC ID number of contributing federal political committee. Name of Employer Christiana Hosp Receipt For: Primary General Other (specify)	State Zip Code DE 19718 C Occupation Pathologist Aggregate Year-to-Date 250.00	Transaction ID: SA11AI.33215 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Shumate Anne Witson, Dr. Mailing Address Dept of Path 100 Medical Dr City Lake Jackson FEC ID number of contributing federal political committee. Name of Employer Brazosport Regional Health System	State Zip Code TX 77566 C Occupation Pathologist	Date of Receipt M M O 3
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	708.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 71 (check only one) X 11a
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 personal he name 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)	onition committee	Date of Receipt
Mailing Address Dept of Path Po Box 3011		04 23 7 2009
City <u>G</u> illette	State Zip Code WY 82717-3011	Transaction ID: SA11AI.33200
FEC ID number of contributing federal political committee.	C 82717-3011	Amount of Each Receipt this Period 350.00
Name of Employer Campbell County Memorial Hosp Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) V Anjana Yeldandi, Dr. Mailing Address Department of Patho 251 E Huron St	ology	Date of Receipt 0 4 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.33484
Chicago	IL 60611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Northwestern Mem Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Saeed Syed Zaman, Dr.		Date of Receipt
Mailing Address Dept of Path 2209 Genesee St		04 03 7 9 9
City	State Zip Code NY 13501-5999	Transaction ID: SA11AI.33595
Utica FEC ID number of contributing federal political committee.	NY 13501-5999	Amount of Each Receipt this Period 250.00
Name of Employer St Elizabeth Medical Cent- er	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line numb		56350.00

В.

C.

ago# 2000711210			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
		27	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) Sun Trust Bank			Transaction ID: SB21B.33808 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & Y \\ Z & O & O & P \end{bmatrix}$
,	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Moneris ACH Discount			754.40
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.33809 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges		• •	27.56
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.33810 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges			113.40
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	(Speed) V		
SUBTOTAL of Disbursements This Page (optional) .		>	895.36

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 63			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 28c 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	and address of any political col	minittee to som	Cit Continbutions	Trom such committee	
College of American Pathologists Political	Action Committee				
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction II Date of Disbur	D: SB21B.33811 sement	
Mailing Address P.O. Box 85024			04 / 0	20 4 2009	
,	State Zip Code VA 23285		Amount of Eac	ch Disbursement this Perio	od
Purpose of Disbursement Bank Service Charges				83.75	
Candidate Name	C	Category/ Type			
Senate President	ment For: Primary General Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)				- 00040 00040	
Sun Trust Bank			Date of Disbur		
Mailing Address P.O. Box 85024			0 4	20 2009	
•	State Zip Code VA 23285		Amount of Eac	ch Disbursement this Perio	od
Purpose of Disbursement Bank Service Charges				50.50	
Candidate Name		Category/ Type			
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) Sun Trust Bank			Date of Disbur		
Mailing Address P.O. Box 85024			04 / 0	24 2009	
	State Zip Code VA 23285		Amount of Eac	ch Disbursement this Perio	od
Purpose of Disbursement Bank Service Charges				1.58	
Candidate Name		Category/ Type			
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional) .		▶		135.83	
TOTAL This Period (last page this line number only)					

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 64 / 71 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.33814 Sun Trust Bank Date of Disbursement 24 0 4 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 143.58 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.33815 Sun Trust Bank Date of Disbursement o[™] 4 3 Ŏ 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 14.35 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	157.93
TOTAL This Period (last page this line number only)	•	1189.12

Primary

Other (specify)

State:

SCHEDULE B (FEC Form 3	Use separate scried	UIC(5) /_lII.	NUMBER: PAGE 65 / 71
ITEMIZED DISBURSEMENT		the check only	22 X 23 24 25
Any Information copied from such Reports a	and Statements may not be sold a	27	28a 28b 28c 29
or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
College of American Pathologists	Political Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.33785
AmeriPAC			Date of Disbursement O 4
Mailing Address 499 South Capit #414			0 4 0 2 0 2 0 9
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: House	Disbursement For: 2009		
Senate	Primary X Ger	neral	
State: President District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.33806
BIG EASY COMMITTEE			Date of Disbursement
Mailing Address 10 G STREET, I SUITE 470	NE		$ \begin{array}{c c} & M & M & M & M & M & M & M & M & M & $
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Perio
Purpose of Disbursement		0 0	5000.00
Candidate Name		Category/ Type	
Office Sought: House Senate	Disbursement For: 2009 Primary X Ger		
President	Other (specify)	lerai	
State: District: 00			
Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS	3		Transaction ID: SB23.33786 Date of Disbursement
	v. #105		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 0 & 9 \\ Y & 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address 830 NE Holladay	,,	i	T. Control of the Con
City	State Zip Code		Amount of Each Disbursement this Perio
			Amount of Each Disbursement this Perio
City Portland	State Zip Code	Category/	
City Portland Purpose of Disbursement Candidate Name Office Sought: X House Senate	State Zip Code OR 97232 Disbursement For: 2010 X Primary Ger	Category/ Type	Amount of Each Disbursement this Period 1000.00
City Portland Purpose of Disbursement Candidate Name Office Sought: X House	State Zip Code OR 97232 Disbursement For: 2010	Category/ Type	

	CHEDOLL D (I LC I OIIII 3X)	Use separate schedule(s))K LINE 1eck onl	: NUMBE v one)	H:		L P	AGE	66 / /	1
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24 28c		25 29	26 30
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) College of American Pathologists Political	e and address of any politica										
∠ _ A .	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN Mailing Address 426 C STREET, NE City WASHINGTON	State Zip Code DC 20002				Date o	of Dis	burser 2 (Y Ž	0 0 9 t this P	
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NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City State Zip Code WEST HARTFORD CT 06127 Purpose of Disbursement Candidate Name Office Sought:					
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SCHEDULE B (FEC Form 3X)	Use separate schedule	FOR LINE NUMBER: PAGE			68 / 71								
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Mailing Address PO Box 2485						0 ^M 4	M	^D 2	2 () /	2	o ŏ	9 ^Y
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<u> </u>	Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SEN Mailing Address PO BOX 3662	ATE CAMPAIGN				Date		sburs	: SB ement	323.33 t	3801 Ž 0 Ŏ S	e ^Y
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	Mailing Address PO Box 5577 Manhattan					0 4			20	Ŀ	žoŏs	9
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 70 / 71
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NAME OF COMMITTEE (In Full)				
College of American Pathologists Political	Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: SB2	23.33805
RICHARD BURR COMMITTEE			Date of Disbursement	
Mailing Address POST OFFICE BOX 5928	3		04	2009
,	State Zip Code NC 27113		Amount of Each Disbu	rsement this Period
Purpose of Disbursement	Г			1000.00
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For: 2010			
X Senate	Primary X General			
President	Other (specify)			
State: NC District: 00				

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NAME OF COMMITTEE (In Full)			
College of American Pathologists Political	Action Committee		
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	IL 60093		
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Candidate Name		Category/ Type	
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President	Other (specify)		
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