FEC FORM 3X	AN	PORT OF ID DISBU Other Than An	RSEME	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA	=/(01	nple:If typing the lines	, type			
College of America	n Pathologists F	Political Action Comr	nittee					.]
ADDRESS (number and	street)	350 I Street, NW						
Check if differ than previousl reported. (AC	ent L	uite 590 / ashington 					20005	
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛦		S	STATE	ZIPCOE)e 🔺
C00274944			3. IS THIS REPORT		NEW N) OR	AM (A)	IENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Nid-Year on-election	(d) 30-Day Post -Eleci Report for t	on Contraction on	Ë.	12C)	Sep 2	2G) in the State of	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	reasurer <u>[</u> Ele <u>ctronically</u>	Dr. Renee R. Ellerbr v Filed by Dr. Ren	ny knowledge a oek ee R. Ellerbroel	۲	Da	ate 11		2 0 0 9 S.C 437g.
Office Use Only				- 1 -			FEC FORI (Rev. 12/200	M 3X

Image# 29935489180

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 39

١	Write or Type Committee Name College of American Pathologists Political A	Action Committee	
F	Report Covering the Period: From:	0 1 0 1 0 1	To:
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		84806.66
	(b) Cash on Hand at Begining of Reporting Period	260704.80]
	(c) Total Receipts (from Line 19)	68599.50	594958.50
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	329304.30	679765.16
7.	Total Disbursements (from Line 31)	2006.13	352466.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	327298.17	327298.17
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00]
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00]

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Image# 29935489181

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

F	Report Covering the Period: From:	M 0 1 Y Y Y Y 0 1 2 0 0 9	To: 10 31 2005
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	62731.00	465350.50
	(ii) Unitemized	5868.50	123858.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🅨	68599.50	589208.50
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68599.50	589208.50
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	5750.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68599.50	594958.50
).	Total Federal Receipts (subtract Line 18(c) from Line 19)	68599.50	594958.50

Image# 29935489182

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		of Disbursements	4 / 39
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		<u> </u>
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	2006.13	11037.21
	 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	2006.13	11037.21
	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	341179.78
24.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	250.00 0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	250.00
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(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 Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2006.13	352466.99
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2006.13	352466.99

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 39

III. Net Contributi Expenditu		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (othe from Line 11(d), page 3)	,	68599.50	589208.50
4. Total Contribution Refur (from Line 28(d))		0.00	250.00
5. Net Contributions (other (subtract Line 34 from L	,	68599.50	588958.50
6. Total Federal Operating (add Line 21(a)(i) and Li		2006.13	11037.21
7. Offsets to Operating Ex (from Line 15, page 3)		0.00	0.00
8. Net Operating Expenditu (subtract Line 37 from L		2006.13	11037.21

				FOR LINE NUMBER: PAGE 6/39
	SCHEDULE A (FEC Form 3X)	Use separate		FOR LINE NUMBER: PAGE 6 / 39 (check only one)
l	TEMIZED RECEIPTS	for each categ		X 11a 11b 11c 12
		Detailed Sum	mary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or us name and address of any politic	sed by any person cal committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	tical Action Committee		
A.	Full Name (Last, First, Middle Initial) P. James Almas, Dr.	Date of Receipt		
	Mailing Address 171 Winged Foot Circ	е		M M / D D / Y Y Y Y 10 20 2009
	City	State Zip Code		Transaction ID: SA11AI.35578
	Jackson	MS 39211		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St. Dominic-Jackson Memor-	Occupation Pathologist		-
	ial Hosp Receipt For:	Aggregate Year-to-Date V		-
	Primary General			
	Other (specify) ▼		2000.00	
в.	Full Name (Last, First, Middle Initial) H Barbara Amaker, Dr.			Date of Receipt
	Mailing Address Dept of Path 600 Gresham Dr			M M / D D / Y Y Y Y 10 09 2009
	City	State Zip Code		Transaction ID: SA11AI.35570
	Norfolk	VA 23507-1999)	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	Name of Employer Sentara Norfolk Gen Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼		535.00	
- C.	Full Name (Last, First, Middle Initial) Melhem Adel Assaad, Dr.			Date of Receipt
-	Mailing Address Dept of Path C6-PTH 1100 Ninth Ave			M M / D D / Y Y Y Y 10 09 / 2009
	City	State Zip Code		Transaction ID: SA11AI.35621
	Seattle	WA 98101		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Virginia Mason Medical Ce- nter	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		750.00	
ſ	SUBTOTAL of Receipts This Page (optional)	l	•	2285.00
┝	OUDIOIAL OF NECEIPIS THIS Fage (Optional)		····· •	
	TOTAL This Period (last page this line number	only)	►	

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/39
			for each category of the	(check only one)
•			Detailed Summary Page	
Г				13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any pers ddress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Pol	itical Action	Committee	
∡ 4.	Full Name (Last, First, Middle Initial) Faruk Aydin			Date of Receipt
	Mailing Address 10555 Martinique Isle	Dr		M M / D D / Y Y Y Y 10 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.35639
	Tampa	FL	33647-2775	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	าท	_
	Name of Employer unaffiliated	Patholog		
	Receipt For:	`	e Year-to-Date V	
	Primary General	, iggi egat		
	Other (specify)	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) E. Michael Bailey, Dr.			Date of Receipt
	Mailing Address PO Box 3758			M M / D D / Y Y Y Y 10 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.35542
	Corpus Christi	ТХ	78463-3758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	on	
	Pathology Associates of <u>Corpus Christi</u>	Patholog	gist	
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
-).	Full Name (Last, First, Middle Initial) L. Bryan Bartlett, Dr.			Date of Receipt
	Mailing Address 1424 Plantation Dr N			1 0 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35451
	<u>Colleyville</u>	TX	76034	Amount of Each Receipt this Period
	· · ·		70034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Baylor-All Saints Medical Center	Occupation Patholog		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
Γ	CURTOTAL of Dessints This Dags (artists)			1750.00
┝	SUBTOTAL of Receipts This Page (optional) .			
	TOTAL This Period (last page this line number	r only)		

or for commercial purposes, ot NAME OF COMMITTEE (I College of American Pa Full Name (Last, First, Midd W. David Bernard, Dr.	her than using the name and a n Full) athologists Political Action de Initial) ment of Pathology annin State TX	ddress of any political committee t	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. Date of Receipt 10 20 2009 Transaction ID: SA11AI.35527
College of American Pa Full Name (Last, First, Mide W. David Bernard, Dr. Mailing Address Departur 6565 Fa City Houston FEC ID number of contribut	athologists Political Action de Initial) ment of Pathology annin State TX	Zip Code	M M / D D / Y Y Y Y 10 / 20 / 2009
W. David Bernard, Dr. Mailing Address Departr 6565 Fa City Houston FEC ID number of contribut	ment of Pathology annin State TX	·	M M / D D / Y Y Y Y 10 / 20 / 2009
6565 Fi City Houston FEC ID number of contribu	annin State TX	·	10 20 2009
Houston FEC ID number of contribu	TX	·	Transaction ID: CA11AL 05507
FEC ID number of contribu		77030-7030	Transaction ID: SATTAL30027
	ting		Amount of Each Receipt this Period
			500.00
Name of Employer The Methodist Hospital	Occupat Patholo		_
Receipt For:	00 0	te Year-to-Date V	
Primary Ger Other (specify) ▼	neral	500.00	
Full Name (Last, First, Mido A. Richard Bernert, Dr.	dle Initial)		Date of Receipt
Mailing Address 9815 N	107th St		10 ^{//} 15 [/] 2009
City	State	Zip Code	Transaction ID: SA11AI.35642
Scottsdale	AZ	85258-6090	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting		208.00
Name of Employer Clin-Path Associates, P.C.	Occupat Patholo		_
Receipt For:		te Year-to-Date 🔻	
Primary Ger Other (specify) ▼	neral	416.00	
Full Name (Last, First, Mido J. Frank Beuerlein, Dr.	dle Initial)		Date of Receipt
Mailing Address Departi 900 E C	ment of Pathology Dak Hill Ave		M M / D D / Y Y Y Y 10 21 2009
City	State	Zip Code	Transaction ID: SA11AI.35585
Knoxville	TN	37917-4556	Amount of Each Receipt this Period
FEC ID number of contributive federal political committee.	ting C		250.00
Name of Employer St. Mary's Health System	Occupat Patholo	gist	
Receipt For:		te Year-to-Date 🔻	
Primary Ger Other (specify) ▼	neral	250.00	
SUBTOTAL of Receipts This	Page (optional)		958.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 39 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action	Committee	
Z	Full Name (Last, First, Middle Initial)			
۹.	Joseph Karl Blessinger, Dr.	Date of Receipt		
	Mailing Address Department of Pathole 172 4th Street SE	ogy		M M / D D / Y Y Y Y 10 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.35497
	Huron FEC ID number of contributing	SD	57350	Amount of Each Receipt this Period
	federal political committee.	C		
	Name of Employer Huron Regional Med Ctr	Occupation Patholog		
	Receipt For:	`	e Year-to-Date 🔻	1
	Primary General Other (specify) ▼		250.00]
- 3.	Full Name (Last, First, Middle Initial) Charles Alain Borczuk, Dr.			Date of Receipt
	Mailing Address 16 Pebble Ln			M M / D D / Y Y Y Y 10 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.35469
	Roslyn Heights	NY	11577-2712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Columbia Presbyterian Med Ctr	Occupation Patholog		
	Receipt For:	`	e Year-to-Date	_
	Primary General Other (specify) ▼	0 0	500.00]
;.	Full Name (Last, First, Middle Initial) Philip Thomas Brien, Dr.	1		Date of Receipt
	Mailing Address Dept of Path Lab 2525 DeSales Ave			M M / D D / Y Y Y Y 10 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.35523
	<u>Chattanooga</u> FEC ID number of contributing	TN	37404-1102	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer Memorial Hosp-Chattanooga	Occupation Patholog		
	Receipt For:	`	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	1000.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1750.00
┢				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 39 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli		
لا A.	, Full Name (Last, First, Middle Initial) D Mark Brissette, Dr.	Date of Receipt	
	Mailing Address 1610 Little Raven St #	ŧ508	M M / D D / Y Y Y Y 10 24 2009
	City	State Zip Code	Transaction ID: SA11AI.35613
	Denver	CO 80202-6180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer VA Med Ctr-Denver	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	290.00	
– B.	Full Name (Last, First, Middle Initial) S. Michael Brown, Dr.	1	Date of Receipt
	Mailing Address 2900 12th Ave North Suite 260W		M M / D D / Y Y Y Y 10 / 09 / 2009
	City	State Zip Code	Transaction ID: SA11AI.35637
	Billings	MT 59101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Pathology Consultants	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) R. Peter Burke, Dr.		Date of Receipt
	Mailing Address Laboratory Director PO Box 1370 133 Fair	rfield St	M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.35538
	<u>St Albans</u>	VT 05478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Northwestern Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	1350.00
╞	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P				
		Traine and address of any political con				
	College of American Pathologists Polit	ical Action Committee				
Α.	Full Name (Last, First, Middle Initial) Carlisle Benjamin Calhoun, Dr.	Carlisle Benjamin Calhoun, Dr.				
	Mailing Address 373 Anthony Cir		10 ¹ 0 ¹			
	City	State Zip Code	Transaction ID: SA11AI.35460			
	Charlotte	NC 28211-1419	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	100.00			
	Name of Employer Carolinas Med Ctr	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary General Other (specify) ▼	300	0.00			
В.	Full Name (Last, First, Middle Initial) Wray Alfred Campbell, Dr.		Date of Receipt			
	Mailing Address Dept of Path 101 E Wood St		10 ^{//} 22 [/] 2009			
	City <u>Spartanburg</u>	State Zip Code SC 29303	Transaction ID: SA11AI.35576			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 750.00			
	Name of Employer Spartanburg Regional Med Ctr	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary General Other (specify) ▼	750	0.00			
С.	Full Name (Last, First, Middle Initial) C. Allan Campbell, Dr.		Date of Receipt			
	Mailing Address 8307 N Bramberry Lar	е	10 ^{//} 22 [/] 2009			
	City	State Zip Code	Transaction ID: SA11AI.35643			
	Peoria	IL 61615-2108	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1000.00			
	Name of Employer Proctor Hosp	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Other (specify) ▼	1000	0.00			
	SUBTOTAL of Receipts This Page (optional)		1850.00			
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta		
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) College of American Pathologists Politi		solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) K. Pramod Carpenter, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 700 Broadway		10 ^{M M} /27 ^V YYY 2009
	City	State Zip Code	Transaction ID: SA11AI.35591
	Ft Wayne FEC ID number of contributing federal political committee.	IN 46802	Amount of Each Receipt this Period
	Name of Employer St. Joseph Hospital	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
в.	Full Name (Last, First, Middle Initial) Q. Jack Causey, Dr.		Date of Receipt
	Mailing Address Laboratory 4500 13th St		10 ^M 09 ^Y 2009
	City Gulfport	State Zip Code MS 39501	Transaction ID: SA11AI.35524 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer Memorial Hospital	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 2000.00	
C.	Full Name (Last, First, Middle Initial) A. Barbara Centeno, Dr.		Date of Receipt
	Mailing Address Laboratory 12902 Magnolia Drive		
	City Tampa	State Zip Code FL 33612	Transaction ID: SA11AI.35491 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer H Lee Moffitt Cancer Ctr	Occupation Pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00	
	SUBTOTAL of Receipts This Page (optional)	•	3100.00
	TOTAL This Period (last page this line number of	nly)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 13/39 (check only one) (check only one) X 11a 11b 11c 12
		Detailed Summary Page	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may 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 Politi	ical Action (Committee	
Full Name (Last, First, Middle Initial) M. Suzanne Cook, Dr.			Date of Receipt
Mailing Address 7725 N Foothill Dr			M M / D D / Y Y Y Y 10 29 2009
City	State	Zip Code	Transaction ID: SA11AI.35574
Paradise Valley	AZ	85253-3067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Clin-Path Associates, P.C.	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	500.00]
Full Name (Last, First, Middle Initial) W. Leslie Dalton, Dr.			Date of Receipt
Mailing Address 408 Las Lomas Dr			M M / D D / Y Y Y Y 10 22 2009
City	State	Zip Code	Transaction ID: SA11AI.35575
Austin	TX	78746-5487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer South Austin Hosp	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date 🔻	_
Other (specify) ▼	0 0	500.00]
Full Name (Last, First, Middle Initial) Tom Dickey			Date of Receipt
Mailing Address Dept of Path 1901 N MacArthur Blvd			M M / D D / Y Y Y Y 10 22 2009
City	State	Zip Code	Transaction ID: SA11AI.35450
Irving	TX	75061-2220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Baylor Med Center at Irvi- ng	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date 🔻	_
Other (specify) ▼	0 0	250.00]
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number of			

			FOR LINE NUMBER: PAGE 14/39
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12
_		Detailed Summary Fage	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address 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 Polit	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) W. Jordan Eggers, Dr.		Date of Receipt
	Mailing Address 38 Woodland Dr		10 ^{//} 22 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.35565
	Boyce	LA 71409-9611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Rapides Regional Med Ctr	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1000.00	
_	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Robert Farnham		Date of Receipt
-	Mailing Address 200 Hawthorne Ln		10 [/] 22 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.35552
	<u>Charlotte</u>	NC 28204-2515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Presbyterian Hosp	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) B. James Farnum, Dr.	I	Date of Receipt
	Mailing Address Department of Patholo 375 Dixmyth Ave	ду	10 [/] 22 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.35485
	<u>Cincinnati</u>	OH 45220-2489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Good Samaritan Hosp	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	۱	1750.00
ŀ			
	TOTAL This Period (last page this line number	only) 🕨	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of	
F		Detailed Summary	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used b name and address of any political c	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Politic	ical Action Committee	
, ∠ A.	Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr.		Date of Receipt
	Mailing Address Apt 8 D 215 E 95th St		
	City	State Zip Code	Transaction ID: SA11AI.35533
	New York	NY 10128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Mt Sinai Schl of Med	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		00.00
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) F. Alan Frigy, Dr.		Date of Receipt
	Mailing Address Department of Patholo 1800 East Lakeshore I		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.35586
	Decatur	IL 62521-2521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer St. Mary's Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	10	00.00
-).	Full Name (Last, First, Middle Initial) L. David Gang, Dr.	L	Date of Receipt
	Mailing Address Department of Patholo 759 Chestnut Street	ду	M M / D D / Y Y Y Y 10 23 2009
	City	State Zip Code	Transaction ID: SA11AI.35452
	Springfield	MA 01199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Baystate Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3	00.00
Γ	SUBTOTAL of Receipts This Page (optional)		1100.00
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 39 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any persone name and address of any political committee to	pn for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action Committee	
۷ ۹.	Full Name (Last, First, Middle Initial) R. Paul Gierl, Dr.		Date of Receipt
	Mailing Address 1211 SW 21st St Apt	t 302	10 ^{PDD} /YYYY 2009
	City	State Zip Code	Transaction ID: SA11AI.35645
	Pendleton FEC ID number of contributing federal political committee.	OR 97801-4476	Amount of Each Receipt this Period 250.00
	Name of Employer unaffiliated	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
- 3.	Full Name (Last, First, Middle Initial) A Michael Gistrak, Dr. Mailing Address Dept of Path	1	Date of Receipt
	865 Stone St		10 20 2009
	City Rahway	State Zip Code NJ 07065-2742	Transaction ID: SA11AI.35560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer R Wood Johnson Univ Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
-	Full Name (Last, First, Middle Initial) F. Eric Glassy, Dr.		Date of Receipt
	Mailing Address 19951 Mariner Ave S	ite 160	M M / D D / Y Y Y Y 10 02 2009
	City	State Zip Code	Transaction ID: SA11AI.35437
	Torrance	CA 90503-1738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Little Company of Mary Ho- sp-Torrance	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 7 50.00]
Γ	SUBTOTAL of Receipts This Page (optional)		750.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag Statements may not be sold or used by an	$\begin{array}{c c} c \\ c$
	NAME OF COMMITTEE (In Full)	a name and address of any political comm	nittee to solicit contributions from such committee.
	College of American Pathologists Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) W. Herschel Gordon, Dr.		Date of Receipt
	Mailing Address Ukiah Valley Med Ctr 275 Hospital Dr	_ab	M M / D D / Y Y Y Y 10 09 2009
	City	State Zip Code	Transaction ID: SA11AI.35646
	<u>Ukiah</u>	CA 95482	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Unaffiliated	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.	00
в.	Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr.		Date of Receipt
	Mailing Address The Pathology Center 8303 Dodge St		M M / D D / Y Y Y 10 15 / 2009
	City Omaha	State Zip Code NE 68114	Transaction ID: SA11AI.35526
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 350.00
	Name of Employer Methodist Hospital	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1050.	00
с.	Full Name (Last, First, Middle Initial) C. David Hoak, Dr.		Date of Receipt
	Mailing Address PO Box 3405		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.35498
	Spokane	WA 99220-3405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer InCyte Pathology PS	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.	00
	SUBTOTAL of Receipts This Page (optional)		▶ 2350.00
	TOTAL This Period (last page this line number	only)	

[SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 18/39 (check only one) 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	ne name and address of any political committee to	
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) W. Howard Hoffman		Date of Receipt
	Mailing Address Associated Pathologi 4230 Burnham Ave	ists Chartered	10 ^{//} 09 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.35555
	Las Vegas	NV 89119-5410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3900.00
	Name of Employer Quest Diagnostics Incorpo- rated	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3900.00]
- В.	Full Name (Last, First, Middle Initial) D Pamela Holder, Dr.		Date of Receipt
	Mailing Address 7207 Gessner Dr		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.35511
	Houston	TX 77040-3143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Laboratory Corporation of America	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) Andrew Michael Huening, Dr.		Date of Receipt
	Mailing Address Department of Patho WakeMed Health & H	lospitals	10 ^{//} 20 [/] 2009
	City Raleigh	State Zip Code NC 27610-1231	Transaction ID: SA11AI.35564
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
	Name of Employer Raleigh Pathology Lab Ass- oc PA	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	500.00]
ſ	SUBTOTAL of Receipts This Page (optional)		4900.00
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Detailed Summary Page 113 10		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19 / 39 (check only one)
Any information capied from such Rapots and Statements may not be sold or used by any period to the purpose of soldeling quantitations from such committee. NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) L Rebeca dimens, Dr. Mailing Address Pathology & Clinical Labs Zib North Street City State Pittsfield MA Mailing Address Pathology & Clinical Labs Zib North Street MA City State Pittsfield MA Other (specify) ◆ Occupation Pathology & Clinical Labs Tensection ID: SAI14J.35453 Pittsfield MA Other (specify) ◆ Occupation Pathologist Pathologist Receipt For: Aggregate Year-to-Date ▼ Mailing Address 2 Dana Ave City State Zip Code Winchester MA 1280-1010 FeC ID number of contributing foderal political contributing foderal politi				Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) L. Rebeace Johnson, Dr. Mailing Address Pathology & Clinical Labs Z25 North Street City State Z25 North Street Cocupation Pathologist Pathologist Pathologist Pathologist Resceipt For: Primary General City State Z10 Area City State Z10 Code Mailing Address Young Contributing City State Z10 Code Mailing Address </th <th></th> <th></th> <th></th> <th></th> <th>on for the purpose of soliciting contributions</th>					on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initia) Date of Receipt Mailing Address Pathology & Clinical Labs Z2 North Street City State Zip Code Pittsfield MA 01201 FEC 10 number of contributing federal political committee. C Amount of Each Receipt in 1000.00 Name of Employer Berdshire Health Systems Occupation Pathologist Date of Receipt Receipt For: Aggregate Year-to-Date ▼ Image: State Size Code Mailing Address 2 Dana Ave C Image: State Size Code City State Zip Code Transaction ID: SA11A1.35513 Winchester MA 01800-101 Receipt For: Aggregate Vear-to-Date ▼ Image: State Size Code Winchester MA 01800-101 FEC 10 number of contributing federal political committee. C Image: State Size Code Name of Employer Lawrence Gendral Logist Aggregate Vear-to-Date ▼ Image: State Size Code Mailing Address 1044 Belmont Ave Occupation Image: State Size Code Transaction ID: SA11A1.35573 Mailing Address 1044 Belmont Ave Occupation Image: State Size Code Transaction ID: SA11A1.35573 Mailing Ad					
L Letabecca Johnson, Dr. Making Address Pathology & Clinical Labs 725 North Street State Zip Code Pittsfield MA 01201 FEC: ID number of contributing federal political committee. Occupation Pathologist Annount of Each Receipt this Period Benshine Health Systems Pathologist 2000.00 Benshine Health Systems Pathologist Benshine Health Systems Aggregate Year-to-Date ▼ Pitnary General Other (specify) ▼ State Zip Code Transaction ID: SA11AL 35513 Maing Address 2 Dana Ave C City State Zip Code Maing Address 2 Dana Ave C City State Zip Code Maing Address 1 Data of Receipt Hesp Pathologist Amount of Each Receipt Hesp Pathologist Maing Address 1044 Belmont Ave Aggregate Year-to-Date ▼ City State Zip Code Younastown OH 4450e-1096 FeD: ID number of contribuding federal political committee. Date of Receipt Maing Address 1044 Belmont Ave 1050.00		College of American Pathologists Polit	tical Action	Committee	
725 North Street 10 30 20.09 City State Zip Code Transaction ID: SA11AL35453 Amount of Each Receipt this Period 0ccupation 1000.00 Periodical committee 0ccupation 1000.00 Periodical committee 0ccupation 1000.00 Primary General 2000.00 City State Zip Code Maing Address 2 Dana Ave 10	Α.	L. Rebecca Johnson, Dr.			Date of Receipt
Pittsfield MA 01201 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 1000.00 Name of Enployer Bershine Health Systems Occupation Pathologist Aggregate Year-to-Date ▼ Primary General 2000.00 Date of Receipt 0 Uter (specify) ▼ 2000.00 Date of Receipt 8. G. Megha Joshi, Dr. Malling Address 2 Dana Ave Date of Receipt City State Zip Code Name of Enployer Lawrence General Hosp Occupation Pathologist Amount of Each Receipt IIs Period Receipt For: MA 01890-1010 Amount of Each Receipt IIs Period FEC ID number of contributing federal policial committee. C 38.00 Name of Enployer Lawrence General Hosp Occupation Pathologist Amount of Each Receipt IIs Period Aggregate Year-to-Date ▼ Y <			abs		
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FEC ID number of contributing federal political committee. C 38.00 Name of Employer Lawrence General Hosp Occupation Pathologist 39.00 Receipt For: Aggregate Year-to-Date ▼ 0 Other (specify) ▼ 304.00 0 Full Name (Last, First, Middle Initial) Joseph Carmen Julius, Dr. Date of Receipt Mailing Address 1044 Belmont Ave 0 City State Zip Code Youngstown OH 44504-1096 FEC ID number of contributing federal political committee. 0 Name of Employer St. Elizabeth Health Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Maing of Employer St. Elizabeth Health Ctr Pathologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 1050.00 SUBTOTAL of Receipts This Page (optional) 1050.00		City	State	Zip Code	Transaction ID: SA11AI.35513
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 39 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) College of American Pathologists Pol	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) T. Michael Kafka, Dr. Mailing Address Department of Pathol			Date of Receipt
	2720 Stone Park Blvc City	d State	Zip Code	
	Sioux City	IA	51104	Transaction ID: SA11AI.35583 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer St. Luke's Reg Med Ctr	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00]
- B.	Full Name (Last, First, Middle Initial) Albert Edward Klein, Dr. Mailing Address 3 Shannon Ct			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.35456
	Center Moriches	NY	11934-2709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Brookhaven Memorial Hosp Med Ctr	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
- C.	Full Name (Last, First, Middle Initial) B Gordon LeGrand, Dr.			Date of Receipt
	Mailing Address 1908 Banbury Rd			10 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.35623
	Raleigh	NC	27608-1120	Amount of Each Receipt this Period
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Washington DC 20008-3429 Amount of Each Receipt this	Period
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Name of Employer Occupation Inova Loudoun Hosp Pathologist	
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	E OF COMMITTEE (In Full)			
Coll	ege of American Pathologists Politi	ical Action (Committee	
	Name (Last, First, Middle Initial) s Douglas McGrady, Dr.			Date of Receipt
Mailir	ng Address 112 Oak Haven			M M / D D / Y Y Y Y Y 10 / 09 / 2009
City		State	Zip Code	Transaction ID: SA11AI.35553
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	Primary General Other (specify) ▼		3000.00	
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	ng Address 3643 Delaware Commo	ons S Dr		M M / D D / Y Y Y Y 10 09 2009
City		State	Zip Code	Transaction ID: SA11AI.35439
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	Name (Last, First, Middle Initial) mes Morris, Dr.			Date of Receipt
	ng Address 2650 Thornhill Drive			M M / D D / Y Y Y Y 10 22 2009
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Flat	woods	KY	41139-2402	Amount of Each Receipt this Period
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/39 (check only one) X X 11a
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NAME OF COMMITTEE (In Full) College of American Pathologists Poli		
Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.		Date of Receipt
Mailing Address 5287 Poola Street		10 ^{//} 23 ^{//} 2009
City	State Zip Code	Transaction ID: SA11AI.35474
Honolulu	HI 96821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Irene Lauren O Brien, Dr.	·	Date of Receipt
Mailing Address Path Clin Lab 100 W California Blvd		10 ^{//} 22 ^{//} 2009
City	State Zip Code	Transaction ID: SA11AI.35496
Pasadena	CA 91105-3010	Amount of Each Receipt this Period
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Name of Employer Huntington Mem Hosp	Occupation Pathologist	
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Full Name (Last, First, Middle Initial) Miguel Jorge Oliver, Dr.	1	Date of Receipt
Mailing Address 1200 Memorial Dr		M M / D D / Y Y Y Y Y 10 22 2009
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Dalton	GA 30720-2529	Amount of Each Receipt this Period
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Name of Employer Hamilton Med Ctr	Occupation Pathologist	
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NAME OF COMMITTEE (In Full)				
College of American Pathologists	Political Action Committee	T		
D John Olson, Dr.	Full Name (Last, First, Middle Initial) D John Olson, Dr.			
Mailing Address Dept of Pathology 7703 Floyd Curl D	r	10 ^M /22 ^V /2009		
City	State Zip Code TX 78229-3900	Transaction ID: SA11AI.35611		
San Antonio FEC ID number of contributing federal political committee.	TX 78229-3900	Amount of Each Receipt this Period		
Name of Employer UTHSC at San Antonio	Occupation Pathologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) H. Ruth Oneson, Dr.		Date of Receipt		
Mailing Address Dept of Pathology 3509 French Park		10 ^M 09 ^Y 2009		
City Edmond	State Zip Code OK 73034	Transaction ID: SA11AI.35495		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer Heartland Pathology Consu- Itants PC	Occupation Pathologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) I Jitka Persinova, Dr.		Date of Receipt		
Mailing Address Dept of Path 680 Centre St		M M / D D Y		
City Brockton	State Zip Code MA 02302-3308	Transaction ID: SA11AI.35572		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00		
Name of Employer Signature Healthcare Broc- kton Hosp	Occupation Pathologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (option	al)	1800.00		
TOTAL This Period (last page this line nur	nber only)			

	3X)	FOR LINE NUMBER: PAGE 26/39	
SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the	(check only one)	
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12	
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
College of American Pathologist	s Political Action Committee		
Full Name (Last, First, Middle Initial) Marie Ila Peterson, Dr.			
Mailing Address 501 Anthonys D	r	M M / D D / Y	
City	State Zip Code	Transaction ID: SA11AI.35518	
Exton	PA 19341-2349	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		250.00	
Name of Employer Main Line HIth Labs	Occupation Pathologist	-	
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General			
Other (specify)	250.00		
Full Name (Last, First, Middle Initial) Abraham Philip		Date of Receipt	
Mailing Address Department of P 10500 Montgom		M M / D D / Y Y Y Y 10 15 2009	
City	State Zip Code	Transaction ID: SA11AI.35454	
<u>Cincinnati</u>	OH 45242-4402	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer Bethesda North Hosp	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify) ▼	600.00		
Full Name (Last, First, Middle Initial) L. Edward Proctor, Dr.		Date of Receipt	
Mailing Address 10 Chapin Circle	9	M M / D D / Y Y Y Y 10 22 2009	
City	State Zip Code	Transaction ID: SA11AI.35488	
Myrtle Beach	SC 29572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Grand Strand Reg Med Ctr	Occupation Pathologist	1	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	500.00		
SUBTOTAL of Descipto This Desc (arti	onal)	850.00	
SUBTUTAL OF Necelpts This Page (opti			
TOTAL This Period (last page this line r	number only)		

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 39 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Politi	cal Action Committee	
A.	Full Name (Last, First, Middle Initial) Scott Michael Rabkin, Dr.		Date of Receipt
	Mailing Address 419 2nd Ave		M M / D D / Y Y Y Y 10 09 2009
	City	State Zip Code	Transaction ID: SA11AI.35562
	Tarenum	PA 15084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Rabkin Dermatopathology	Occupation Pathologist]
	Lab Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	750.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) H. Michael Reilly, Dr.		Date of Receipt
	Mailing Address Department of Patholog 223 N. Van Dien Avenu		M M / D D / Y Y Y Y 10 15 2009
	City	State Zip Code	Transaction ID: SA11AI.35616
	Ridgewood	NJ 07450-2736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Valley Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	300.00	
– C.	Full Name (Last, First, Middle Initial) Francisco Reyes		Date of Receipt
	Mailing Address Department of Patholog 900 Seton Drive	ЭУ	M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.35628
	Cumberland	MD 21502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Western Maryland Health System	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify)	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	······	1350.00
F	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 39 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and so for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to a	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action Committee	
۷ A.	, Full Name (Last, First, Middle Initial) Aldon Jeffrey Roberts, Dr.	Date of Receipt	
	Mailing Address Dept of Path 2900 W Oklahoma Av	/e	10 ^{M M} /22 ^V /2009
	City	State Zip Code	Transaction ID: SA11AI.35444
	Milwaukee	WI 53215-4330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Aurora St Luke's Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	750.00	
- В.	Full Name (Last, First, Middle Initial) M. Mary Sanders, Dr.	1	Date of Receipt
	Mailing Address Div of Anatomic Path 263 Farmington Ave	MC3985	M M / D D / Y Y Y Y 10 26 / 2009
	City	State Zip Code CT 06030-3985	Transaction ID: SA11AI.35604
	Farmington FEC ID number of contributing federal political committee.	C 06030-3985	Amount of Each Receipt this Period
	Name of Employer Univ of Connecticut Health Ctr	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) S. Louis Sarbeck, Dr.		Date of Receipt
	Mailing Address PO Box 14389		10 ^{M M} / D D / Y Y Y Y 12009
	City	State Zip Code	Transaction ID: SA11AI.35509
	Tallahassee	FL 32317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer KWB Pathology Associates	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	L	1100.00
ŀ	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form		FOR LINE NUMBER: PAGE 29 / 39 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 10$
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may not be sold or used by any person using the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) O David Scamurra, Dr.		Date of Receipt
Mailing Address 2950 Elmwood	Ave	10 ^{//} 09 [/] 2009
City	State Zip Code	Transaction ID: SA11AI.35635
Kenmore	NY 14217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer X-Cell Labs of Western New York Inc	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) E Dawson Scarborough, Dr.		Date of Receipt
Mailing Address 3000 New Bern	Ave	M M / D D / Y Y Y Y Y 10 / 02 / 2009
City	State Zip Code	Transaction ID: SA11AI.35625
Raleigh	NC 27610-1231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Wake Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) R Mary Schwartz, Dr.		Date of Receipt
Mailing Address Dept of Path MS 205		M M / D D / Y Y Y Y Y Y 10 15
City	State Zip Code	Transaction ID: SA11AI.35597
Houston	TX 77030-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Methodist Hospital	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (on	tional)	2250.00
	number only)	

<u>,</u>	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 30 / 39		
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)		
I	I EMIZED RECEIPTS	Detailed Summary Page			
Å	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso ne name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				
	College of American Pathologists Po	litical Action Committee			
. Ľ	Full Name (Last, First, Middle Initial) A. Peter Scully, Dr.		Date of Receipt		
	Mailing Address Laboratory 4230 Burnham Ave		M M / D D / Y Y Y Y Y 10 09 2009		
	City	State Zip Code	Transaction ID: SA11AI.35442		
	Las Vegas	NV 89119	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	500.00		
	Name of Employer Associated Pathologists	Occupation Pathologist			
	Chartered Receipt For:	Aggregate Year-to-Date V			
	Primary General				
	Other (specify)	500.00			
	Full Name (Last, First, Middle Initial) F. Mack Sexton		Date of Receipt		
	Mailing Address 17836 John Connor I	Rd	M M / D D / Y Y Y Y Y 10 22 22 2009		
	City	State Zip Code	Transaction ID: SA11AI.35464		
	Cornelius	NC 28031-7659	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1000.00		
	Name of Employer Pathology Assocs Svcs	Occupation Pathologist			
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General Other (specify) ▼	1000.00			
	Full Name (Last, First, Middle Initial) M Steve Skoumal, Dr.		Date of Receipt		
	Mailing Address 1950 E Clark St		M M / D D / Y Y Y Y 10 09 2009		
	City	State Zip Code	Transaction ID: SA11AI.35631		
	Pocatello	ID 83201-3314	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1500.00		
	Name of Employer Western Pathology Associa- tes	Occupation Pathologist			
	Receipt For:	Aggregate Year-to-Date ▼	1		
	Primary General Other (specify) ▼	1500.00			
	SUBTOTAL of Receipts This Page (optional)		3000.00		
\vdash	CONTRE OF TECEIPIS THIS Fage (upriorid)	••••••••••••••••••••••••••••••••••••••			
	TOTAL This Period (last page this line number	er only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 39 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee t	o solicit contributions from such committee.
	College of American Pathologists Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) E Isabell Speer, Dr.		Date of Receipt
	Mailing Address PO Box 4314		10 ^{//} 17 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.35618
	Sedona	AZ 86340-4314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00
	Name of Employer Verde Valley Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	300.00	
В.	Full Name (Last, First, Middle Initial) Cyril James Steinmetz, Dr.		Date of Receipt
	Mailing Address Lab 700 Quincy Ave		M + M / D + D / Y + Y + Y Y 10 02 2009
	City	State Zip Code	Transaction ID: SA11AI.35530
	Scranton FEC ID number of contributing	PA 18510-1724	Amount of Each Receipt this Period
	federal political committee.		500.00
	Name of Employer Moses Taylor Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) The second seco	500.00	
C.	Full Name (Last, First, Middle Initial) Blake Jeffrey Stricker, Dr.	1	Date of Receipt
-	Mailing Address 1107 Memorial Dr Ste	201	10 ¹ ¹ ²
	City	State Zip Code	Transaction ID: SA11AI.35573
		GA 30720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Skin Cancer and Cosmetic	Occupation Pathologist	
	Derma Ctr Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	1800.00
	TOTAL This Period (last page this line number		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)		FOR LINE NUMBER: PAGE 32 / 39 (check only one)						
				ach category of the iled Summary Page		11a	10) 11b] 11c	12	
_			Deia	iicu Summary Faye		13	14	15	16	17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be dress of	sold or used by any perso any political committee to	n for th solicit	e purpose contributio	e of solic	iting contrib such comr	outions nittee.	
	NAME OF COMMITTEE (In Full)									
	College of American Pathologists Politi	cal Action	Commi	tee						
	Full Name (Last, First, Middle Initial)) oto of D				
A .	E Stephen Sturdivant, Dr. Mailing Address Parkview Med Off Bldg					Date of Re			Y	Y
	<u> </u>	160				10	02	2	2005	
	City	State	Zip	Code	Т	ransactio	n ID: S	A11AI.35	440	
	Little Rock	AR	72	205-5406	A	mount of	Each Re	eceipt this F	Period	
	FEC ID number of contributing federal political committee.	C						5	500.00)
	Name of Employer	Occupatio	n							
	Arkansas Pathology Associ- ates	Patholog	jists							
	Receipt For:	Aggregate	e Year-to	-Date 🔻						
	Other (specify)		1 1	500.00						
_	Other (specify) 🔻	0 0	0 0							
- 3.	Full Name (Last, First, Middle Initial) P. Bruce Swinyer, Dr.				Г	Date of Re	ceipt			
	Mailing Address 5409 Brigadoon Ln					M M /			2009	
	City	State	Zio	Code				A11AI.35		
	Bakersfield	CA	•	312-1954				eceipt this F		
	FEC ID number of contributing		1 1		Ī				500.00	
	federal political committee.	C						0	00.00	,
	Name of Employer	Occupatio								
	Bakersfield Memorial Hosp	Patholog	·							
	Receipt For:	Aggregate	e Year-to	-Date 🔻						
	Other (specify) ▼		0 0	500.00						
_	Full Name (Last, First, Middle Initial)				_					
).	A. Cheryl Szpak, Dr.					Date of Re	eceipt			
	Mailing Address 124 Steeplechase Rd					м м / 10	02		2009	
	City	State	Zip	Code	Т	ransactio	n ID: S	A11AI.35	626	
	Chapel Hill	NC	27	514-1423	A	mount of	Each Re	eceipt this F	Period	
	FEC ID number of contributing federal political committee.	C						10	00.00)
	Name of Employer Raleigh Pathology Lab Ass- oc PA	Occupatio Patholog			1					
	Receipt For:	Aggregate		-Date 🔻						
	Primary General		1 1	1000.00	1					
	Other (specify) v		0 0	1000.00						
ſ	SUBTOTAL of Receipts This Page (optional)				. [20	00.00	
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	TOTAL This Period (last page this line number of	only)		····· •	. L					

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such 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) Winbern John Turner, Dr. Date of Receipt	2 6 17 ons ee.
Detailed Summary Page A Tra Tro Tro Tro Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill Dr	6 17 ons
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) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill Dr	ons ee.
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill Dr	
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill Dr	
A. Winbern John Turner, Dr. Date of Receipt Mailing Address 2201 Carbon Hill Dr 10 20 20	
10 20 20	
City State Zip Code Transaction ID: SA11AI.3547	0 9 [°]
	l
Midlothian VA 23113-2516 Amount of Each Receipt this Peri	od
FEC ID number of contributing federal political committee. C 500	.00
Name of Employer Occupation Commonwealth Lab Consulta- Data La sign	
Notice Pathologist nts Pathologist Receipt For: Aggregate Year-to-Date ▼	
Primary General General	
Other (specify) ▼	
Full Name (Last, First, Middle Initial) Date of Receipt B. N. Paul Valenstein, Dr. Date of Receipt	
Mailing AddressDepartment of Pathology 5301 E. Huron River DriveM M 1 0/ V 2 0Y 2 0	v 0 9
City State Zip Code Transaction ID: SA11AI.35580)
Ann Arbor MI 48106-0955 Amount of Each Receipt this Peri	od
FEC ID number of contributing federal political committee.	.00
Name of Employer Occupation St Joseph Mercy Hosp Pathologist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 562.00	
Full Name (Last, First, Middle Initial) Date of Receipt C. A Leonard Valentino, Dr. Date of Receipt	
	0.9
City State Zip Code Transaction ID: SA11AI.3544	
Los Gatos CA 95032 Amount of Each Receipt this Peri	od
FEC ID number of contributing federal political committee. C 100	.00
Name of Employer Occupation Associated Path Med Group, Pathologist	
Receipt For: Aggregate Year-to-Date V	
Primary General Other (specify) ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	.00
TOTAL This Period (last page this line number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 39 (check only one)			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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 Pol	itical Action Committee				
۷ A.	Full Name (Last, First, Middle Initial) Habegger Gail Vance, Dr.	Date of Receipt				
	Mailing Address Dept of Medical and N 975 Walnut Street	10 ²² , 2009				
	City	State Zip Code	Transaction ID: SA11AI.35499			
	Indianapolis	IN 46202	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		500.00			
	Name of Employer Indiana University Medical School	Occupation Pathologist	_			
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	500.00]			
– В.	Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.		Date of Receipt			
	Mailing Address Department of Pathol 44201 Dequindre Rd		M M / D D / Y Y Y Y Y 10 23 2009			
	City	State Zip Code MI 48085	Transaction ID: SA11AI.35634			
	Troy FEC ID number of contributing federal political committee.	MI 48085	Amount of Each Receipt this Period			
	Name of Employer William Beaumont Hosp	Occupation Pathologist				
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 1700.00	1			
	Other (specify)		1			
- С.	Full Name (Last, First, Middle Initial) R. Jonathan Walburn, Dr.		Date of Receipt			
	Mailing Address Laboratory 900 Seton Dr		10 ^{M · M} /22 ^V /2009			
	City	State Zip Code	Transaction ID: SA11AI.35629			
	Cumberland FEC ID number of contributing	MD 21502	Amount of Each Receipt this Period			
	federal political committee.					
	Name of Employer Potomac Highlands Path As- soc	Occupation Pathologist				
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_			
	Other (specify) ▼	500.00				
ſ	SUBTOTAL of Receipts This Page (optional) .	·	1500.00			
F	TOTAL This Period (last page this line numbe	r only)				

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 39 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.	
	College of American Pathologists Pol	litical Action Committee	
A.	Full Name (Last, First, Middle Initial) Mayhew Richard Ward, Dr.		Date of Receipt
	Mailing Address Pathology 2000 Neuse Blvd		10 ^{//} 20 [/] Y Y Y Y 10 ^{//} 20 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.35473
	New Bern	NC 28560-3499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Craven Reg Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify)	500.00	
— 3.	Full Name (Last, First, Middle Initial) B. Robert Wells, Dr.	1	Date of Receipt
	Mailing Address 1726 S Beckham		M · M / D · D Y Y · Y · Y Y 10 09 2009
	City	State Zip Code	Transaction ID: SA11AI.35541
	Tyler	TX 75701-5701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Pathology Associates of Tyler	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify)	1000.00	
	Full Name (Last, First, Middle Initial) W Donald West, Dr.	I	Date of Receipt
	Mailing Address 3rd FIr Path 1214 Coolidge Blvd		M M / D D Y
	City	State Zip Code	Transaction ID: SA11AI.35550
	Lafayette	LA 70503-2621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Preferred Anatomic Pathol- ogy Services	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 1000.00	
Γ		L	2500.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 39 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	College of American Pathologists Po			
A.	Full Name (Last, First, Middle Initial) M. Robert White, Dr.	Date of Receipt		
	Mailing Address Department of Patho PO Box 13367	ology		10 02 Y Y Y Y 10 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.35458
	Roanoke	VA	24033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carilion Roanoke Hosp	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Theresa Susan Williams, Dr.			Date of Receipt
	Mailing Address 150 Collins St			M M / D D / Y Y Y Y 10 09 2009
	City	State	Zip Code	Transaction ID: SA11AI.35484
	Memphis	TN	38112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GI Pathology, PLLC	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	1
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C.	Full Name (Last, First, Middle Initial) D Mark Woodard, Dr.			Date of Receipt
	Mailing Address 27 Gannett Peak Dr			10 ¹ 22 ¹ 2009
	City	State	Zip Code	Transaction ID: SA11AI.35512
	Lander	WY	82520-9643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lander Valley Med Ctr	Occupatio Patholog	jist	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
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F	TOTAL This Period (last page this line numb			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each categ Detailed Sumi	ory of the	FOR LINE NUMBER: PAGE 37 / 39 (check only one) 11c X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or us dress of any polition	ed by any person cal committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	College of American Pathologists Politie	cal Action (Committee		
Α.	Full Name (Last, First, Middle Initial) Mamoun Younes				Date of Receipt
	Mailing Address Department of Patholog One Baylor Plaza	у			M · M / D · D / Y · Y · Y · Y Y 10 09 2009
	City	State	Zip Code		Transaction ID: SA11AI.35448
	Houston	ТХ	77030-7030	1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Occupation Baylor College of Medicine Data also		n		-
		Patholog	ist		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify) ▼			500.00	

SUBTOTAL of Receipts This Page (optional)	►	500.00
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ITEMIZED DISBURSEMENTS for each category of the image the solution of the solut	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	E NUMBER: PAGE 38/39						
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME CF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Sun Trust Bank Maling Address P.O. Box 85024 City Full Name (Last, First, Middle Initial) Sun Trust Bank Maling Address P.O. Box 85024 City Full Name (Last, First, Middle Initial) Sun Trust Bank Maling Address P.O. Box 85024 City Full Name (Last, First, Middle Initial) Sun Trust Bank Maling Address P.O. Box 85024 City Full Name (Last, First, Middle Initial) Sun Trust Bank Maling Address P.O. Box 85024 City Full Name (Last, First, Middle Initial) Sun Trust Bank Maling Address P.O. Box 85024 City City City City City City City City	ITEMIZED DISBURSEMENTS	for each category of the	X 21b	22 22						
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FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:		PAGE 39/39			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	—				
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NAME OF COMMITTEE (In Full)								
College of American Pathologists Political	Action Committee							
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FEC Schedule B (Form 3X) (Revised 02/2003)