07/14/2010 16:11

Image# 10930950264

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩ Example:If typing, type over the lines
	College of American Patholog	gists Political Action Committee
L		
AD	DRESS (number and street)	1350 I Street, NW
	Check if different than previously reported. (ACC)	Suite 590 Washington DC 20005 -
2.	FEC IDENTIFICATION NUM	BER ♥ CITY♠ STATE♠ ZIPCODE♠
	C00274944	3. IS THIS REPORT X NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q July 15 Quarterly Report(Q October 15 Quarterly Report(Q January 31 Quarterly Report(Y) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12S) (d) 30-Day Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Runoff (30R) Special (30S)
5.	Covering Period 0.6	01 2010 through 06 30 2010
Typ Sig	nature of Treasurer Electrol	Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Date 0 7 1 4 2 0 1 0 Deous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.
FE	Office Use Only	FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 65 FEC Form 3X (Rev. 02/2003)

Report Covering the Period: Fro	Y Y Y Y 2 0 1 0 To:	0 6 3 0 Y Y Y Y

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		387407.60
	(b) Cash on Hand at Begining of Reporting Period	375655.47	
	(c) Total Receipts (from Line 19)	75065.00	200854.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	450720.47	588261.60
7.	Total Disbursements (from Line 31)	85565.50	223106.63
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	365154.97	365154.97
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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 65

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

м м 0 6 D D 0

2010

то.

м м

D D D

Y Y Y Y 2 0 1 0

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)	55525.00	146710.00
(ii) Unitemized	19540.00	54144.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75065.00	200854.00
(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)	75065.00	200854.00
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
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	3	
(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
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	75065.00	200854.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75065.00	200854.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 65

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Shared Federal/Non-Federal		
(a)	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating	GE EO	1415.05
(-)	Expenditures	65.50	1415.85
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	65.50	1415.85
	nsfers to Affiliated/Other Party		
	nmittees	0.00	0.00
	tributions to eral Candidates/Committees Other Political Committees	85500.00	221690.78
	ependent Expenditure		
	Schedule E)	0.00	0.00
o. Coo Com (use	rdinated Expenditures Made by Party mittees (2 U.S.C. 441a(d)) Schedule F)	0.00	0.00
		0.00	0.00
6. Loar	n Repayments Made	0.00	0.00
7 Loar	ns Made	0.00	0.00
8. Refu	unds of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	That i dilical dominilities		
٠,	Political Party Committees	0.00	0.00
(c)	Other Political Committees	0.00	0.00
(d)	(such as PACs) Total Contribution Refunds	0.00	0.50
(u)	(add Lines 28(a), (b), and (c))	0.00	0.00
	(433 21100 25(4), (5), 4114 (6))		
9. Othe	er Disbursements	0.00	0.00
). Fed	eral Election Activity (2 U.S.C 431(20))		
(a)	Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Tot	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	85565.50	223106.63
۷3,	27, 20, 21, 20(u), 28 dilu 30(c))	30000.00	220100.00
	tal Federal Disbursements		
(su	btract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	85565.50	223106.63
		Vhhich hill	223106 63

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	75065.00	200854.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	75065.00	200854.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	65.50	1415.85
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	65.50	1415.85

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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 6 / 65 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Charles Larry Alexander, Dr. Mailing Address Dept of Path 305 S State St City Aberdeen FEC ID number of contributing federal political committee. Name of Employer Avera St. Luke's Hosp Receipt For:	State SD C Occupatio Patholog		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.37857 Amount of Each Receipt this Period 300.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Omar Nabil Ali, Dr.	Aggregate	300.00	Date of Receipt
Mailing Address Dept. of Pathology 4201 Medical Center E City McHenry FEC ID number of contributing federal political committee. Name of Employer Centegra-Memorial Medical Center Receipt For: Primary General Other (specify) ▼	State IL C Occupatio Patholog		Transaction ID: SA11AI.37882 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) R. William Anderson, Dr. Mailing Address 1630 Bridgewater Dr City Heathrow FEC ID number of contributing federal political committee. Name of Employer unaffiliated Receipt For: Primary General Other (specify)	State FL C Occupatio Patholog Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.38161 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		•	1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers 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	itical Action (Committee	
	Full Name (Last, First, Middle Initial) M Roberto Aportela, Dr.			Date of Receipt
	Mailing Address PO Box 140878			06 04 2010
	City	State	Zip Code	Transaction ID: SA11Al.37914
	Coral Gables	FL	33114-0878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Diagn Cytopath Lab	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) M Raja Bahu, Dr.	<u> </u>		Date of Receipt
	Mailing Address 440 Bracken Ln	06 25 2010		
	City	State	Zip Code	Transaction ID: SA11AI.37926
	Northfield	<u> </u>	60093-2901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer unaffiliated	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) A. Carl Barnes, Dr.			Date of Receipt
	Mailing Address PO Box 1179			06 30 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.37922
	Florence	AL	35631-1179	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Eliza Coffee Memorial Hos- pital	Occupatio Patholog	ist	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College 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.
<u>⊬</u>	Full Name (Last, First, Middle Initial) G Lee Beckwith, Dr. Mailing Address 1212 Perryville Rd City Cape Girardeau FEC ID number of contributing federal political committee. Name of Employer Southeast Missouri Hosp Receipt For: Primary General Other (specify)	State MO C Occupation Patholog Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.38056 Amount of Each Receipt this Period 300.00
В.	Full Name (Last, First, Middle Initial) K. Bradley Beggs, Dr. Mailing Address Pathology Department 3801 Spring Street City Racine FEC ID number of contributing federal political committee. Name of Employer St. Mary's Med Ctr Receipt For: Primary General Other (specify)	State WI 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
_ C.	Full Name (Last, First, Middle Initial) B. Robert Benyo, Dr. Mailing Address Department of Patholog 18901 Lake Shore Blvd City Euclid FEC ID number of contributing federal political committee. Name of Employer Euclid Hosp Receipt For: Primary General Other (specify)	State OH C Occupation Patholog		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.37923 Amount of Each Receipt this Period 300.00
	SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 65 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	g the name and ado	lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W Paul Biddinger, Dr. Mailing Address Dept of Path 1120 15th St Rm	BAE 2580		Date of Receipt M
City Augusta	State GA	Zip Code 30912	Transaction ID: SA11AI.37971 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Med College of Georgia Receipt For: Primary General Other (specify) ▼	Occupation Pathologi Aggregate		
Full Name (Last, First, Middle Initial) J Paul Biggs, Dr. Mailing Address 701 Princeton Ave	e SW		Date of Receipt 0 6 1 1 1 2 0 1 0
City	Transaction ID: SA11AI.37859		
Birmingham FEC ID number of contributing federal political committee.	C	35211-1303	Amount of Each Receipt this Period 250.00
Name of Employer Baptist Med Ctr	Occupation Pathologi		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) K Sharon Bihlmeyer, Dr.			Date of Receipt
Mailing Address 7200 Hickory Cree	ek Dr		0 6 0 4 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.38067
Dexter FEC ID number of contributing federal political committee.	C	48130	Amount of Each Receipt this Period 250.00
Name of Employer Univ of Michigan HIth Sys	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		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 10 / 65 (check only one) X 11a
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 Political Political Pathologists Patholo	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) L Benjamin Blend, Dr. Mailing Address 925 Highland Blvd Ste City Bozeman FEC ID number of contributing federal political committee. Name of Employer Bozeman Deaconess Hosp Receipt For: Primary General	State Zip Code MT 59715-6999 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) L. David Booker, Dr. Mailing Address Department of Patholo 2260 Wrightsboro Rd. City Augusta FEC ID number of contributing federal political committee. Name of Employer St. Joseph Hosp Receipt For: Primary General	gy State Zip Code GA 30904 C Occupation Pathologist Aggregate Year-to-Date ▼	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
Other (specify) ▼ Full Name (Last, First, Middle Initial) Scott David Brink, Dr. Mailing Address Department of Patholo 1465 S Grand Blvd City St Louis FEC ID number of contributing federal political committee. Name of Employer SSM Cardinal Glennon Children's Hosp	gy State Zip Code MO 63104-1003 C Occupation Pathologist	Date of Receipt M M M / D D / Y Y Y Y Y O 6 22 2010 Transaction ID: SA11AI.38061 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 65 (check only one) X 11a
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per n using the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Michael James Brinkworth, Dr. Mailing Address Laboratory 1000 N Lee A	J)	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.38074
Oklahoma City	OK 73102-1036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Anthony Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia J. Patrick Buckley, Dr.	,	Date of Receipt
Mailing Address Dept of Patho Box 3712	<u> </u>	06 29 2010
City Durham	State Zip Code NC 27710	Transaction ID: SA11AI.37920
FEC ID number of contributing federal political committee.	C 27710	Amount of Each Receipt this Period 500.00
Name of Employer Duke Univ Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Richard Peter Burke, Dr.	J)	Date of Receipt
Mailing Address Dept of Patho	St T	06 10 / Y Y Y Y Y
City <u>Saint Albans</u>	State Zip Code VT 05478-1726	Transaction ID: SA11AI.37996 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Northwestern MED CTR	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	optional)	1000.00

Pothologista'l charatany	ne and address of any political committee to	Date of Receipt M M M O A D A D A D A D A D A D A D A D A D A
Full Name (Last, First, Middle Initial) R Brian Carlson, Dr. Mailing Address 4733 Andrew Jackson Pko City Hermitage FEC ID number of contributing federal political committee. Name of Employer Pathologists Laboratory, PC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr. Mailing Address 625 West Olive Avenue City Merced	wy Ste G1 State Zip Code TN 37076 C Occupation Pathologist Aggregate Year-to-Date ▼	Transaction ID: SA11AI.38009 Amount of Each Receipt this Period
Mailing Address 4733 Andrew Jackson Pko City Hermitage FEC ID number of contributing federal political committee. Name of Employer Pathologists Laboratory, PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr. Mailing Address 625 West Olive Avenue City Merced	State Zip Code TN 37076 C Occupation Pathologist Aggregate Year-to-Date ▼	Transaction ID: SA11AI.38009 Amount of Each Receipt this Period
Hermitage FEC ID number of contributing federal political committee. Name of Employer Pathologists Laboratory, PC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr. Mailing Address 625 West Olive Avenue City Merced	TN 37076 C Occupation Pathologist Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Pathologists Laboratory, PC Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr. Mailing Address 625 West Olive Avenue City Merced	Occupation Pathologist Aggregate Year-to-Date ▼	
PC Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr. Mailing Address 625 West Olive Avenue City Merced	Pathologist Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr. Mailing Address 625 West Olive Avenue City Merced	1000 00	7
P. Grant Carmichael, Dr. Mailing Address 625 West Olive Avenue City Merced	1000.00	
Merced		Date of Receipt 0 6 0 4 2 0 1 0
	State Zip Code	Transaction ID: SA11AI.37972
FEC ID number of contributing	CA 95348-2419	Amount of Each Receipt this Period
federal political committee.	C	300.00
Morood Pathológy Mod Grou	Occupation Pathologist	
	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B James Carry, Dr.		Date of Receipt
Mailing Address Dept of Path 5555 Grossmont Center D)r	06 04 2010
City	State Zip Code	Transaction ID: SA11AI.37927
La Mesa FEC ID number of contributing federal political committee.	CA 91942-3019	Amount of Each Receipt this Period 250.00
Grossmont Hosp-Sharp Heal- thcare	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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 13 / 65 (check only one) X 11a 11b 11c 12
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	I Statements may not be sold or used by any personal statements 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) P. Donald Cento, Dr. Mailing Address Department of Pathor 1008 N Main St City Sikeston FEC ID number of contributing federal political committee. Name of Employer Missouri Delta Med Ctr		Date of Receipt M M / D D / Y Y Y Y Y O 6 25 2010 Transaction ID: SA11AI.37985 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R Lydia Christiansen, Dr. Mailing Address 2502 Osprey St City Casper FEC ID number of contributing federal political committee. Name of Employer unaffiliated	State Zip Code WY 82601-5090 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.38141 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) E Mark Christopher, Dr. Mailing Address 485 Quailwood Drive City Blacksburg FEC ID number of contributing	State Zip Code VA 24060	Date of Receipt M M
federal political committee. Name of Employer Montgomery Reg Hosp Receipt For:	Occupation Pathologist Aggregate Year-to-Date	500.00
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	er only)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 65 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	nd Statements may not be sold or used by any pe the name and address of any political committee Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) D Terry Clark, Dr. Mailing Address Dept of Path 290 Big Run Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lexington FEC ID number of contributing federal political committee.	State Zip Code KY 40503-2903	Transaction ID: SA11AI.38010 Amount of Each Receipt this Period 500.00
Name of Employer Pathology & Cytology Labs Inc Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) M Karen Clary, Dr. Mailing Address Department of Path 1425 Portland Ave City	ology State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rochester FEC ID number of contributing federal political committee.	NY 14621-3001	Amount of Each Receipt this Period 250.00
Name of Employer Rochester Genl Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Jean-Marc Cohen Mailing Address 125 E 87th St Apt 4	.D	Date of Receipt
City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10128-1125	Transaction ID: SA11AI.37867 Amount of Each Receipt this Period 300.00
Name of Employer Beth Israel Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	l)	1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 65 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements and address of any political committee to	
College of American Pathologists Po	Diffical Action Committee	
Full Name (Last, First, Middle Initial) Scott Bradford Collins, Dr.		Date of Receipt
Mailing Address 955 Ribaut Rd	State Zip Code	06 30 2010
City Beaufort	SC 29902-5441	Transaction ID: SA11AI.37863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Beaufort Mem Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) A Kim Collins, Dr.		Date of Receipt
Mailing Address 1333 Martins Point F	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.38164
Wadmalaw Island	SC 29487-6992	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) J Timothy Collins, Dr.		Date of Receipt
Mailing Address Dept of Path 142 W 5th St		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Chalkavilla	State Zip Code	Transaction ID: SA11AI.37907
Cookeville FEC ID number of contributing federal political committee.	TN 38501-1760	Amount of Each Receipt this Period 500.00
Name of Employer Cookeville Pathology Labo- ratory	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FECTIVE ITEMIZED RECEIP Any information copied from s	TS uch Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 16 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17 con for the purpose of soliciting contributions
or for commercial purposes, o NAME OF COMMITTEE (ther than using the name and ad	dress of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Mid Joseph Thomas Cooper, Dr. Mailing Address 5620 E			Date of Receipt
	State	Zip Code	06 15 2010
City Long Beach	CA	90815-4129	Transaction ID: SA11AI.37884 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			100.00
Name of Employer Centinela Hosp Med Ctr	Occupatio Patholog		
Receipt For: Primary Ge Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Mid H Robert Crabtree, Dr.	dle Initial)		Date of Receipt
Mailing Address Dept o 18697	f Path Bagley Rd		06 / 04 / 2010
City	State OH	Zip Code	Transaction ID: SA11AI.38058
Middleburg Heights FEC ID number of contributed federal political committee.		44130	Amount of Each Receipt this Period 300.00
Name of Employer Southwest Gen Hith Ctr	Occupatio Patholog		
Receipt For: Primary Ge Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Mid P. James Craig, Dr.	dle Initial)		Date of Receipt
	ogy Department ast Oak Hill Avenue		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.37935
Knoxville	TN	37917	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		250.00
Name of Employer St. Mary's Health System	Occupatio Patholog		
Receipt For: Primary Ge Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/65 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	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	Political Action (Committee	
Full Name (Last, First, Middle Initial) S. Gabino Cuevas, Dr.			Date of Receipt
Mailing Address Department of Pa 2815 South Seacr	thology est Blvd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Boynton Beach	State FL	Zip Code 33435	Transaction ID: SA11AI.37868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Bethesda Memorial Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) W. Leslie Dalton, Dr.	I		Date of Receipt
Mailing Address 408 Las Lomas D	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TX	Zip Code	Transaction ID: SA11AI.38052
Austin FEC ID number of contributing federal political committee.	C	78746-5487	Amount of Each Receipt this Period 2500.00
Name of Employer South Austin Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) L. Phillip Day, Dr.	<u> </u>		Date of Receipt
Mailing Address 3990 Lago Vista D	Drive		06 04 2010
City Belton	State TX	Zip Code 76513-7258	Transaction ID: SA11AI.37981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Metroplex Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		3500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
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 P	olitical Action Committee	
Full Name (Last, First, Middle Initial) E. Daphne Demello, Dr. Mailing Address Dept of Path		Date of Receipt
1919 E Thomas Rd	7.0.1	06 29 2010
City Phoenix	State Zip Code AZ 85016-7710	Transaction ID: SA11AI.38027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Phoenix Children's Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) R. James DeVillier, Dr.		Date of Receipt
Mailing Address 296 Denada Path		06 10 2010
City	State Zip Code	Transaction ID: SA11Al.38024
Roxboro	NC 27574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr.		Date of Receipt
Mailing Address 280 Sunflower Cour	t	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.38103
Vadnais Heights FEC ID number of contributing federal political committee.	MN 55127	Amount of Each Receipt this Period 250.00
Name of Employer Univ of MN Med Ctr-Fairvi- ew	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 65 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	the name and addr	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) K. John Duckworth, Dr. Mailing Address College of Medicine 930 Madison Ave 5			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Memphis FEC ID number of contributing federal political committee.	State TN	Zip Code 38163	Transaction ID: SA11AI.38105 Amount of Each Receipt this Period 250.00
Name of Employer Univ. of Tenn. Health Science Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologis Aggregate]
Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr. Mailing Address Department of Path 1783 El Camino Re	eal State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Burlingame FEC ID number of contributing federal political committee. Name of Employer Peninsula Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologis Aggregate		Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) L Bryce Dursteler, Dr. Mailing Address 1975 S 2580 E City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Saint George FEC ID number of contributing federal political committee.	UT	84790-7117	Amount of Each Receipt this Period 250.00
Name of Employer Dixie Reg Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologis Aggregate		
SUBTOTAL of Receipts This Page (optional	l)(lı		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 65 (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 Police College of Pathologists P	Statements may not be sold or used by any personen name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E. Randy Eckert Mailing Address 13322 Shore Vista Dr City Austin	State Zip Code TX 78732-1617	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer North Austin Med Ctr Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Tarek Mohamed Elghetany, Dr. Mailing Address Pathology Departmer Texas Children's Hos City Houston FEC ID number of contributing federal political committee. Name of Employer Baylor College of Medicine Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) W. James Elliott, Dr. Mailing Address Department of Pathol 8118 Good Luck Roa City Lanham FEC ID number of contributing federal political committee. Name of Employer Doctors Community Hosp Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.37917 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1550.00

TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 21 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)					
College of American Pathologists Po Full Name (Last, First, Middle Initial)	litical Action Co	ommittee			
Lee Brenda Eriksen, Dr. Mailing Address Dept of Pathology			Date of Receipt		
901 MacArthur Blvd	01-1-	7'- 0-4-	06 29 2010		
City Munster	State IN	Zip Code	Transaction ID: SA11AI.38085		
FEC ID number of contributing federal political committee.	C	46321	Amount of Each Receipt this Period 1000.00		
Name of Employer The Community Hospital	Occupation Pathologis	t			
Receipt For: Primary General Other (specify) ▼	<u> </u>	Year-to-Date ▼			
Full Name (Last, First, Middle Initial) W. Charles Ferris, Dr. Mailing Address Dept of Pathology			Date of Receipt		
3015 N Ballas Rd			06 15 2010		
City	State	Zip Code	Transaction ID: SA11AI.37984		
St Louis	MO	63131	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		300.00		
Name of Employer Missouri Baptist Med Ctr	Occupation Pathologis	t			
Receipt For:	Aggregate Y	'ear-to-Date ▼			
Primary General Other (specify) ▼	8 8 8	300.00]		
Full Name (Last, First, Middle Initial) R. Marc Filstein, Dr.	'		Date of Receipt		
Mailing Address Department of Patho PO Box 16052			06 10 7 2010		
City	State	Zip Code	Transaction ID: SA11AI.38042		
Reading FEC ID number of contributing	C	19612-6052	Amount of Each Receipt this Period 250.00		
federal political committee.	9				
Name of Employer Reading Hosp & Med Ctr	Occupation Pathologis	t			
Receipt For:	Aggregate Y	'ear-to-Date ▼			
Primary General Other (specify) ▼		250.00]		
SUBTOTAL of Receipts This Page (optional)			1550.00		

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Post Full Name (Last, First, Middle Initial) F Feaster Fitzpatrick, Dr. Mailing Address 8166 Main St City			Date of Receipt
Full Name (Last, First, Middle Initial) F Feaster Fitzpatrick, Dr. Mailing Address 8166 Main St		Committee	<u> </u>
F Feaster Fitzpatrick, Dr. Mailing Address 8166 Main St	State		<u> </u>
City	State		0 6 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>Houma</u>	LA	Zip Code 70361-6037	Transaction ID: SA11AI.38082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Terrebonne Gen Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) M. Robert Futoran, Dr.			Date of Receipt
Mailing Address PO Box 2130			06 04 2010
City	State	Zip Code	Transaction ID: SA11AI.38014
Clovis FEC ID number of contributing federal political committee.	CA	93613-2130	Amount of Each Receipt this Period 250.00
Name of Employer Pathology Associates	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel John Gentry, Dr. Mailing Address 8303 Dodge St	<u> </u>		Date of Receipt
			06 29 2010
City <u>O</u> maha	State NE	Zip Code 68114-4199	Transaction ID: SA11AI.37991
FEC ID number of contributing federal political committee.	C	00114-4133	Amount of Each Receipt this Period 250.00
Name of Employer Nebraska Methodist Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

TEMIZED RECEIPTS for each category		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 16
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 perso dress of any political committee to	
College of American Pathologists Poli	tical Action	Committee	
Full Name (Last, First, Middle Initial) Anthony Enrico Giangeruso, Dr.			Date of Receipt
Mailing Address Department of Patholo 200 Memorial Ave	ogy		06 04 2010
City	State	Zip Code	Transaction ID: SA11AI.37879
Westminster	MD	21157-5726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carroll Hosp Ctr	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00]
Full Name (Last, First, Middle Initial) L. Daniel Grimmer, Dr.	1		Date of Receipt
Mailing Address 4328 Dorothy			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.38068
<u>Bellaire</u>	TX	77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer St Lukes Episcopal Hosp	Occupation Pathologo		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Parviz Haghighi			Date of Receipt
Mailing Address 3350 La Jolla Village I	Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.38119
San Diego	CA	92161-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer VA Med Ctr-San Diego	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 65 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) E. Thomas Hanes, Dr. Mailing Address Main Lab 3441 Dickerson Pike City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Nashville FEC ID number of contributing federal political committee.	C	37207	Amount of Each Receipt this Period 250.00
Name of Employer Skyline Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) T Clarke Harding, Dr. Mailing Address Dept of Path 305 Park Creek Dr City Clovis	State CA	Zip Code 93611-4426	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Pathology Associates Receipt For: Primary General Other (specify)	Occupatio Patholog	n	1000.00
Full Name (Last, First, Middle Initial) J. Richard Hausner, Dr. Mailing Address 7941 Katy Freeway #530 City Houston FEC ID number of contributing federal political committee.	State TX	Zip Code 77024	Date of Receipt M M M
Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 25 / 65 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be see name and address of a	old or used by any perso any political committee to	
College of American Pathologists Pol	tical Action Commit	tee	
Full Name (Last, First, Middle Initial) P Randy Hausted, Dr.			Date of Receipt
Mailing Address Dept of Path 10 Woodland Rd			06 04 2010
City	· ·	Code	Transaction ID: SA11AI.38075
St Helena	CA 945	74	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer St. Helena Hosp	Occupation Pathologist		
Receipt For:	Aggregate Year-to-	Date ▼	
Primary General Other (specify) ▼	0 0 0 0	250.00]
Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr.	1		Date of Receipt
Mailing Address The Pathology Center 8303 Dodge St			0 6 1 5 2 0 1 0
City	State Zip	Code	Transaction ID: SA11AI.37977
Omaha	NE 681	14	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer Methodist Hospital	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 225.00	
Full Name (Last, First, Middle Initial) A. Dana Hill, Dr.			Date of Receipt
Mailing Address Chief of Path 111 Michigan Ave NW			06 04 2010
City	•	Code	Transaction ID: SA11AI.37890
Washington	DC 200	10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Children's National Med Ctr	Occupation Pathologist		
Receipt For:	Aggregate Year-to-	Date ▼	
Primary General Other (specify) ▼	0 0 0	250.00]
	I		725.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 65 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	the name and 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) R Thomas Himes, Dr. Mailing Address 102 Marcaby Ln			Date of Receipt
City S Abington Twn FEC ID number of contributing	State PA	Zip Code 18411-2843	Transaction ID: SA11AI.37944 Amount of Each Receipt this Period 500.00
Name of Employer Pathology Associates of NE PA Receipt For: Primary General Other (specify)	Occupatio Patholog]
Full Name (Last, First, Middle Initial) George Michael Hitchcock, Dr. Mailing Address 3195 Maplewood A	ve Ste 102		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.38008
Winston Salem	NC	27103-3903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Path Diag Lab	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dwight Gordon Honda, Dr.			Date of Receipt
Mailing Address 305 Park Creek Dr			0 6 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.38015
Clovis FEC ID number of contributing federal political committee.	CA	93611-4426	Amount of Each Receipt this Period 250.00
Name of Employer Pathology Associates	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		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 27 / 65 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personant the name and address of any political committee to olitical Action Committee	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E Andrew Horvath, Dr. Mailing Address Lab 1100 Central Ave SI City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Presbyterian Hosp Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 9 2 0 1 0 Transaction ID: SA11AI.38032 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) L Alden Hostetter, Dr. Mailing Address Dept of Path 2010 Health Campu City Harrisonburg FEC ID number of contributing federal political committee. Name of Employer Rockingham Memorial Hosp Receipt For: Primary General Other (specify)	State Zip Code VA 22801-3248 C Occupation Pathologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 29 2010 Transaction ID: SA11AI.38048 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) J Peter Howanitz, Dr. Mailing Address Department of Pathe 450 Clarkson Ave City Brooklyn FEC ID number of contributing federal political committee. Name of Employer SUNY Downstate Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NY 11203 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.38079 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 65 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
College of American Pathologists	Political Action Committee	I
Full Name (Last, First, Middle Initial) W James Howell, Dr. Mailing Address 3967 Lakeside Dr		Date of Receipt
City	State Zip Code	0 6 1 6 2 0 1 0 Transaction ID: SA11AI.38000
<u>Odessa</u>	TX 79762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Odessa Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M. Thomas James, Dr.		Date of Receipt
Mailing Address Dept of Pathology 4343 N Josey Ln		06 04 2010
City Carrollton	State Zip Code TX 75010	Transaction ID: SA11AI.37862
FEC ID number of contributing federal political committee.	C 73010	Amount of Each Receipt this Period 500.00
Name of Employer Trinity Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) F Donald Kapps		Date of Receipt
Mailing Address 1 Capaul Woods	Ct	06 29 2010
City <u>North Oaks</u>	State Zip Code MN 55127-2038	Transaction ID: SA11AI.38146 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hospital San Pablo	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Possints This Poss (entire	nal)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 65 (check only one) X 11a
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) H Ernest Kawamoto, Dr.			Date of Receipt
Mailing Address 2624 57th St SW			M M / D D / Y Y Y Y Y O 1 O
City Everett	State WA	Zip Code 98203-1473	Transaction ID: SA11AI.37880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer CellNetix	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) J David Keep, Dr.	I		Date of Receipt
Mailing Address 7580 Auburn Rd #	302		0 6 0 4 2 0 1 0
City	State OH	Zip Code	Transaction ID: SA11AI.37919
Painesville FEC ID number of contributing federal political committee.	С	44077-9618	Amount of Each Receipt this Period 500.00
Name of Employer Drs. Hill & Chapnick Inc	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ , ' 	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R Thomas Kluzak, Dr.			Date of Receipt
Mailing Address 3219 Keywest Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wichita	State KS	Zip Code 67204-2364	Transaction ID: SA11AI.38123
FEC ID number of contributing federal political committee.	C	07204-2504	Amount of Each Receipt this Period 250.00
Name of Employer Via Christi Reg Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' ' `	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I		1250.00

Any Information copied from such Reports and Statements may not be sold or used by any posson for the purpose of soliciting contributions or for comercial purposes. When them using the name and address of any political committee. NAME OF COMMITTEE (In Ful) College of American Pathologists Political Action Committee A. Hill Name (Last, First, Middle Initial) Historiand Kindinin, Dr. Malling Address 1229 Madison St Ste 500 City State Zip Code Seattle WA 98104 FEC ID number of contributing federal political committee. C. Name of Employer Cell-Netx Pathology PLLC Pinnary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) F. Timerity Kolda, Dr. Name of Employer Southeast Baptist Roop Pathologist FC (D number of contributing federal political committee. C. Malling Address 4214 E. Southeross Blvd. C. Malling Address 167 Summerhaven Dr S City State Zip Code FEC (D number of contributing federal political committee. C. Malling Address 167 Summerhaven Dr S City State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Amount of Each Receipt this Period Transaction ID: SA11A1.38363 Amount of Each Receipt his Period Amount of Each Receipt his Period Transaction ID: SA11A1.38361 Amount of Each Receipt his Period Pathologist FC (D number of contributing federal political committee. C. Malling Address 167 Summerhaven Dr S City State Signed Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 65 (check only one) X 11a
Full Name (Last, First, Middle Initial) H Richard Knierin, Dr. Mailing Address 1229 Madison St Ste 500 City Seattle WA 98104 FEC ID number of contributing federal political committee. Name of Employer CelliNatix Pathologist Perimary General Occupation Pit Name (Last, First, Middle Initial) FE ID number of contributing federal political committee. City State Zip Code Primary General Occupation Pathologist FE ID number of contributing federal political committee. City State Zip Code San Antonio TX 78222 FEC ID number of contributing federal political committee. Name of Employer Southeast Elaptist Hosp Pathologist Receipt For: Primary General Other (specity) ▼ State Zip Code TX 78222 FEC ID number of contributing federal political committee. Name of Employer Southeast Elaptist Hosp Pathologist Receipt For: Primary General Other (specity) ▼ State Zip Code Tarnasaction ID: SA11Al.39054 Amount of Each Receipt this Period Transaction ID: SA11Al.39054 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.39054 Amount of Each Receipt this Period Transaction ID: SA11Al.330554 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.330554 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.330554 Amount of Each Receipt this Period Transaction ID: SA11Al.33120 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.33120 Amount of Each Receipt this Period Transaction ID: SA11Al.33120 Amount of Each Receipt this Period Transaction ID: SA11Al.33120 Amount of Each Receipt this Period Transaction ID: SA11Al.33120 Amount of Each Receipt Transaction ID: SA11Al.33120 Amount of Each Receipt Transaction ID: SA11Al.33120 Transaction ID: SA11Al.33120 Amount of Each Receipt this Period		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
City State Zip Code WA 98104 FEC ID number of contributing rederal political committee. Name of Employer CellNeity Pathology PLLC Primary General Other (specify) ▼ Name of Employer Southeast Bapitst Hosp Perimary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.38154 Amount of Each Receipt this Period Date of Receipt Name (Last, First, Middle Initial) F. Timothy Kolda, Dr. Mailing Address 4214 E. Southcross Blvd. City State Zip Code FEC ID number of contributing rederal political committee. Name of Employer Southeast Bapitst Hosp Pathologist Receipt For: Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) Pathologist Receipt For: Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) Date of Receipt Name (Last, First, Middle Initial) Pathologist Receipt For: Primary General Other (specify) ▼ Date of Receipt Name of Employer Southeast Sapitst Hosp Date of Receipt Name of Employer Southeast Sapitst Hosp Date of Receipt Name of Employer Southeast Sapitst Hosp Date of Receipt Name of Employer Southeast Sapitst Hosp Date of Receipt Name of Employer Southeast Sapitst Hosp Date of Receipt Name of Employer Southeast Sapitst Hosp Date of Receipt Name of Employer Southeast Sapitst Hosp Date of Receipt Name of Employer Name o	∠ 4 .	Full Name (Last, First, Middle Initial) H Richard Knierim, Dr.			M M / D D / Y Y Y Y
Southeast Baptist Hosp State Zip Code Southeast Baptist Hosp Southeast Baptist Hosp State Zip Code Southeast Baptist Hosp Southeast Baptist Hosp State Zip Code Southeast Baptist Hosp State Zip Code Southeast Baptist Hosp Southeast Baptist Hosp State Zip Code Southeast Baptist Hosp State Zip Code Southeast Baptist Hosp Southeast Baptist Hosp State Zip Code Southeast Baptist Hosp Southeast Baptist H		Seattle		·	Transaction ID: SA11AI.37881
Receipt For: Primary		federal political committee.		on	300.00
B. F. Timothy Kolda, Dr. Mailing Address 4214 E. Southcross Blvd. City State Zip Code TX 78222 FEC ID number of contributing federal political committee. Name of Employer Southeast Baptist Hosp Primary General Other (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) H Margaret Kowalski, Dr. Mailing Address 167 Summerhaven Dr S City State Zip Code NY 13057-3115 FeC ID number of contributing federal political committee. Name of Employer State Syracuse NY 13057-3115 Receipt For: Pathologist Aggregate Year-to-Date ▼ Transaction ID: SA11AI.38120 Amount of Each Receipt Transaction ID: SA11AI.38120		Receipt For: Primary General	Patholog	gist e Year-to-Date ▼	
City State Zip Code TX 78222 FEC ID number of contributing federal political committee. Name of Employer VA Med Citr-Syracuse Receipt For: Primary General Other (specify) ▼ State Zip Code TX 78222 Amount of Each Receipt this Period Transaction ID: SA11AI.38054 Amount of Each Receipt this Period 300.00 Transaction ID: SA11AI.38054 Amount of Each Receipt this Period 300.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	- 3.	F. Timothy Kolda, Dr.	lvd.		M ' M / D ' D / Y ' Y ' Y ' Y
FEC ID number of contributing federal political committee. Name of Employer Southeast Baptist Hosp Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) H Margaret Kowalski, Dr. Mailing Address 167 Summerhaven Dr S City State Zip Code NY 13057-3115 FEC ID number of contributing federal political committee. Name of Employer VA Med Citr-Syracuse Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date ▼ Code Transaction ID: SA11AI.38120 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 250.00		City	State	Zip Code	
Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General 300.00 H Margaret Kowalski, Dr. Mailing Address 167 Summerhaven Dr S City State Zip Code NY 13057-3115 FEC ID number of contributing federal political committee. Name of Employer VA Med Ctr-Syracuse Pathologist Receipt For: Primary General Other (specify) ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year		FEC ID number of contributing		78222	
Primary General Other (specify) ▼ State Zip Code		Southeast Baptist Hosp	Patholog	pist	
H Margaret Kowalski, Dr. Mailing Address 167 Summerhaven Dr S City State Zip Code East Syracuse NY 13057-3115 FEC ID number of contributing federal political committee. Name of Employer VA Med Ctr-Syracuse Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 6 / 29 / 2 0 1 0 Transaction ID: SA11AI.38120 Amount of Each Receipt this Period 250.00		Primary General	Aggregate	1 1 1 1 1 1 1	
City East Syracuse NY 13057-3115 FEC ID number of contributing federal political committee. Name of Employer VA Med Ctr-Syracuse Receipt For: Primary Other (specify) ▼ State Zip Code NY 13057-3115 Amount of Each Receipt this Period C 250.00 Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	-).	H Margaret Kowalski, Dr.	· S		'
East Syracuse NY 13057-3115 Amount of Each Receipt this Period C 250.00 Name of Employer VA Med Ctr-Syracuse Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼ 250.00				Zin Code	
Name of Employer VA Med Ctr-Syracuse Receipt For: Primary General Other (specify) ▼ Occupation Pathologist Aggregate Year-to-Date ▼ 250.00		-		•	
Receipt For: Primary Other (specify) Other (specify) Aggregate Year-to-Date 250.00			C		250.00
Primary General Other (specify) ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 65 (check only one) X
or for commercial purposes, of NAME OF COMMITTEE (I	her than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Mide S. Jonathan Krauss, Dr. Mailing Address 3005 V	assar Dr State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Augusta FEC ID number of contribu federal political committee.	ting C	30909	Amount of Each Receipt this Period 300.00
Name of Employer Unaffiliated Receipt For: Primary Ge Other (specify) ▼	Occupat Patholo Aggrega		
Full Name (Last, First, Mide H. Cynthia Krueger, Dr. Mailing Address 1434 A	, 		Date of Receipt 0 6 1 0 2 0 1 0
City <u>Ann Arbor</u> FEC ID number of contribu	State MI	Zip Code 48103-2503	Transaction ID: SA11AI.38162 Amount of Each Receipt this Period 500.00
Name of Employer Univ of Michigan Med Ctr	Occupat Patholo		300.00
Receipt For: Primary Ge Other (specify) ▼	Aggrega	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd John Michael Laszewski, Dr. Mailing Address 3502 F	,		Date of Receipt 0 6 1 1 2 2 0 1 0
City	State ND	Zip Code	Transaction ID: SA11AI.38016
Bismarck FEC ID number of contribu federal political committee.		58503-0761	Amount of Each Receipt this Period 250.00
Name of Employer Pathology Consultants, P C.	Occupat Patholo		
Receipt For: Primary Ge Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)	······	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rodolfo Laucirica Mailing Address Dept Of Pathology 1 Baylor Plz City Houston	State Zip Code TX 77030-3498	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 0 4 2 0 1 0 Transaction ID: SA11AI.37861 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Baylor College of Medicine Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	200.00
Full Name (Last, First, Middle Initial) Anatoly Leytin Mailing Address New Bldg 2nd Flr 8268 164th St City Jamaica FEC ID number of contributing federal political committee. Name of Employer Queens Hosp Ctr	State Zip Code NY 11432-1121 C Occupation Pathologist	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 General Other (specify) Full Name (Last, First, Middle Initial) R. Kenneth Lidonnici, Dr. Mailing Address Laboratory 101 Hospital Rd City Patchoque FEC ID number of contributing	Aggregate Year-to-Date ▼ 250.00 State Zip Code NY 11772 C	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 Brookhaven Memorial Hosp Med Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (option	al)	950.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persing the name and address of any political committee to solutions. Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr.		Date of Receipt
Mailing Address Lab Medicine and 701 Park Ave	d Pathology P4	06 04 2010
City	State Zip Code	Transaction ID: SA11AI.37932
Minneapolis FEC ID number of contributing federal political committee.	MN 55415	Amount of Each Receipt this Period 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) Fangluo Liu Mailing Address 3503 Truxtun Ave		Date of Receipt
City Bakersfield	State Zip Code CA 93301	Transaction ID: SA11AI.37903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Comprehensive Blood & Cancer Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) A. Anthony Manoukian, Dr.		Date of Receipt
Mailing Address Department of Pa 221 Mahalani Str		0 6 1 5 2 0 1 0
City Wailuku	State Zip Code HI 96793	Transaction ID: SA11AI.37964 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Maui Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	1000.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 65 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	he name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) R Jeffrey Melnick, Dr. Mailing Address Department of Patho 232 S Woods Mill Ro	d State	Zip Code	Date of Receipt M M
Chesterfield FEC ID number of contributing federal political committee.	МО	63017	Amount of Each Receipt this Period 250.00
Name of Employer St Luke's Hosp Receipt For: Primary General Other (specify) ▼	Occupatior Pathologi Aggregate		
Full Name (Last, First, Middle Initial) Y Elias Memari, Dr. Mailing Address One Mellom Way			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.37924
Latrobe FEC ID number of contributing federal political committee.	C	15650-1068	Amount of Each Receipt this Period 500.00
Name of Employer Excela Health Latrobe Hosp	Occupation Pathologi		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R. Timothy Mervak, Dr.			Date of Receipt
Mailing Address Dept. of Pathology 16001 W. Nine Mile	Road		06 22 2010
City Southfield	State MI	Zip Code 48037	Transaction ID: SA11AI.38034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000	250.00
Name of Employer Providence Hosp & Med Cen- ters	Occupation Pathologi	st	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			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 35 / 65 (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 Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) O Nadia Metwalli, Dr. Mailing Address 4444 Giddings Rd City Auburn Hills FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics	State MI C Occupation Pathology	ist	Date of Receipt M M M / D D / 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)	Aggregate	e Year-to-Date ▼ 250.00	
R. James Miller, Dr. Mailing Address 2916 S Brentwood Blv City Brentwood FEC ID number of contributing federal political committee. Name of Employer Pathology Services Receipt For: Primary General Other (specify)	State MO C Occupation Patholog		Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.38020 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) P Daniel Molden, Dr. Mailing Address 11950 Navaja Ln City El Cajon FEC ID number of contributing federal political committee.	State CA	Zip Code 92020-8336	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 Grossmont Hosp-Sharp Heal- thcare Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
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(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 65 (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 persithe name and address of any political committee to blitical Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) L. Diana Nevins, Dr. Mailing Address Department of Pathors 8303 Dodge St City Omaha FEC ID number of contributing federal political committee. Name of Employer Methodist Hospital	State Zip Code NE 68114-4199 C Occupation Pathologist	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
P. William Newman, Dr. Mailing Address 4625 Taft Park City Metairie FEC ID number of contributing federal political committee. Name of Employer LSU Med Ctr Receipt For: Primary General Other (specify)	State Zip Code LA 70002 C Occupation Pathologist Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) P. David Nicholson, Dr. Mailing Address 2201 Dupont Drive City Pensacola FEC ID number of contributing federal political committee. Name of Employer Santa Rosa Med Ctr Receipt For: Primary General Other (specify)	State Zip Code FL 32503-4211 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.38049 Amount of Each Receipt this Period 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 37 / 65 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne 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 o solicit contributions from such committee.
	College of American Pathologists Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Alan Kent Nickell, Dr.			Date of Receipt
	Mailing Address 1138 Patrick Ct Apt 2			06 04 2010
	City Waterloo	State IA	Zip Code 50701-6303	Transaction ID: SA11AI.37847 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Allen Mem Hosp	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) P. Steven Nuernberger, Dr.	1		Date of Receipt
	Mailing Address 2 Briarwood			06 04 7 7 7 7
	City	State	Zip Code	Transaction ID: SA11Al.38021
	Collinsville FEC ID number of contributing federal political committee.	C	62234	Amount of Each Receipt this Period 250.00
	Name of Employer Anderson Hosp	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) S. John Oehrle, Dr.			Date of Receipt
	Mailing Address Department of Labora 1301 Carlisle St.	atories		0 6 1 6 2 0 1 0
	City Natrona Heights	State PA	Zip Code	Transaction ID: SA11AI.37844
	FEC ID number of contributing federal political committee.	C	15065	Amount of Each Receipt this Period 400.00
	Name of Employer Allegheny Valley Hospital	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 65 (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	Statements may e 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 Pol	itical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) W. Sarah Olenick, Dr.			Date of Receipt
	Mailing Address 6400 Clubside Dr.	State	Zip Code	0 6 1 8 2 0 1 0 2 0 1 0
	City Stoney Creek	NC	27377	Transaction ID: SA11AI.37946 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lab Corp of America	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) P. Steven Olson, Dr.	1		Date of Receipt
	Mailing Address 1000 E 21st Suite 4100			06 10 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.38028
	Sioux Falls FEC ID number of contributing federal political committee.	SD	57105	Amount of Each Receipt this Period
	Name of Employer Physicians Laboratory Ltd	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- С.	Full Name (Last, First, Middle Initial) M. Joon Park, Dr.			Date of Receipt
	Mailing Address Department of Pathol 269 Portland Way S	ogy		06 04 2010
	City <u>Ga</u> lion	State OH	Zip Code 44833	Transaction ID: SA11AI.37925 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1100	250.00
	Name of Employer Galion Community Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
-	TOTAL This Period (last page this line numbe			

City State Zip Code Name of Employer unaffiliated Pathologist Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Jackson Pemberton Mailing Address Laboratory Department 1 Medical Village Dr City State Zip Code KY 41017-3403 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: SA11AI.381684 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Amount of Each Receipt this Period Transaction ID: SA11AI.383684 Transaction ID: SA11AI.3736864	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Alen_doli Parks, Ms. Mailing Address the Blood Center 315 S Johnson St City State Zip Code Transaction ID: SA11A1.38164	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code LA 70112-2211 FEC ID number of contributing federal political committee. Name of Employer unaffiliated Pathologist Receipt For: Primary General Other (specify) ▼ State Zip Code KY 41017-3403 FEU IN Name (Last, First, Middle Initial) Jackson Pemberton Mailing Address Laboratory Department 1 Medical Village Dr City State Zip Code KY 41017-3403 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Receipt Pathologist Pathologist Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date ▼ Date of Receipt Initial Perice Source Sou	Allen Jodi Parks, Ms. Mailing Address the Blood Center		M M / D D / Y Y Y
New Orleans EC D number of contributing federal political committee.	-	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer unaffiliated Perimary General Other (specify) ▼ Primary General Other (specify) ▼ Pathologist Aggregate Year-to-Date ▼ State Zip Code State Zip Code State Zip Code State Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jackson Pemberton Mailing Address Laboratory Department 1 Medical Village Dr City State Zip Code KY 41017-3403 FEC ID number of contributing federal political committee. Name of Employer St Elizabeth Hithcare-Edg- Revisod Receipt For: Primary General Other (specify) ▼ State Zip Code State Zip Code State Zip Code State		·	Amount of Each Receipt this Period
Receipt For: Primary		C	500.00
Primary	Name of Employer unaffiliated	· '	
Date of Receipt Mailing Address Laboratory Department 1 Medical Village Dr City State Zip Code Edgewood KY 41017-3403 FEC ID number of contributing federal political committee. Name of Employer St Eirzabeth Hithcare-Edg-ewood Receipt For: Primary General Other (specify) ▼ State Zip Code KY 41017-3403 C C Transaction ID: SA11Al.38064 Amount of Each Receipt this Peric 500. Transaction ID: SA11Al.38064 Amount of Each Receipt this Peric 500. Date of Receipt Transaction ID: SA11Al.38064 Transaction ID: SA11Al.38064 Amount of Each Receipt this Peric 500. Transaction ID: SA11Al.38064 Transaction ID: SA11Al.38064 Amount of Each Receipt this Peric 500. Date of Receipt Transaction ID: SA11Al.38064 Tran	Primary General		
City State Zip Code Edgewood KY 41017-3403 FEC ID number of contributing federal political committee. Name of Employer St Elizabeth Hithcare-Edgewood Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) De Jesus Elpidio Pena, Dr. Mailing Address 639 E Jefferson St Unit 206 Fig. City State Zip Code Louisville KY 40202-4151 FEC ID number of contributing federal political committee. Name of Employer State Zip Code KY 40202-4151 City State Zip Code KY 40202-4151 FEC ID number of contributing federal political committee. Name of Employer Norton Hospital Pathologist Receipt For: Primary General Primary General FCO 000	Jackson Pemberton		Date of Receipt
Edgewood KY 41017-3403 FEC ID number of contributing federal political committee. Name of Employer St Elizabeth Hithcare-Edgewood Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) De Jesus Elpidio Pena, Dr. Mailing Address 639 E Jefferson St Unit 206 City State Zip Code KY 40202-4151 FEC ID number of contributing federal political committee. Name of Employer Norton Hospital Name of Employer Norton Hospital Receipt For: Primary General Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Amount of Each Receipt this Perice Solo.	1 Medical Village Dr		06 04 2010
FEC ID number of contributing federal political committee. Name of Employer St Elizabeth Hithcare-Edg-gwood Receipt For:	•	'	
ewood Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) De Jesus Elpidio Pena, Dr. Mailing Address 639 E Jefferson St Unit 206 City State Zip Code Louisville KY 40202-4151 FEC ID number of contributing federal political committee. Name of Employer Norton Hospital Receipt For: Primary General Aggregate Year-to-Date ▼ Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ FEO DO	FEC ID number of contributing		500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) De Jesus Elpidio Pena, Dr. Mailing Address 639 E Jefferson St Unit 206 City State Zip Code Louisville KY 40202-4151 FEC ID number of contributing federal political committee. Name of Employer Norton Hospital Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		· '	
De Jesus Elpidio Pena, Dr. Mailing Address 639 E Jefferson St Unit 206 City State Zip Code Louisville KY 40202-4151 FEC ID number of contributing federal political committee. Name of Employer Norton Hospital Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y D D / Y Y D D / Y Y Y D D / Y Y D D D / Y Y Y D D D / Y Y Y D D D / Y Y Y D D D / Y Y Y D D D D	Primary General		
City State Zip Code Louisville KY 40202-4151 FEC ID number of contributing federal political committee. Name of Employer Norton Hospital Receipt For: Primary General O 6 1 5 2 0 Transaction ID: SA11AI.37998 Amount of Each Receipt this Period Occupation Pathologist Aggregate Year-to-Date ▼	, , , , , , , , , , , , , , , , , , , ,		Date of Receipt
Louisville KY 40202-4151 FEC ID number of contributing federal political committee. C Name of Employer Norton Hospital Receipt For: Primary General Amount of Each Receipt this Period C Aggregate Year-to-Date ▼	Mailing Address 639 E Jefferson St Un	it 206	
FEC ID number of contributing federal political committee. Name of Employer Norton Hospital Receipt For: Primary General C Occupation Pathologist Aggregate Year-to-Date	City	•	Transaction ID: SA11AI.37998
federal political committee. Name of Employer Norton Hospital Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date FOO DO	<u>Louisville</u>	KY 40202-4151	Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date FOO OO		C	500.00
Primary General 500 00	<u> </u>	Pathologist	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purpose NAME OF COMMITTE	s, other than using the name	and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First,		Clion Committee	
	ot of Pathology lbox 1785		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City		tate Zip Code	Transaction ID: SA11AI.38088
San Francisco	C	A 94143-1785	Amount of Each Receipt this Period
FEC ID number of confederal political commit			350.00
Name of Employer UCSF Mount Zion Med Center Clin	lical Occ	cupation thologist	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 350.00	
Full Name (Last, First, L. Diane Persons, Dr.	Middle Initial)		Date of Receipt
390	3 Clinical Lab 1 Rainbow Blvd.		06 29 2010
City		tate Zip Code	Transaction ID: SA11AI.38099
Kansas City FEC ID number of confederal political commit			Amount of Each Receipt this Period 250.00
Name of Employer Univ of Kansas Med C	hr .	cupation thologist	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Marie IIa Peterson, Dr.	Middle Initial)		Date of Receipt
Mailing Address 501	Anthonys Dr		0 6 D 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		tate Zip Code	Transaction ID: SA11AI.37962
Exton FEC ID number of confederal political commit			Amount of Each Receipt this Period 250.00
Name of Employer Main Line Hith Labs		cupation thologist	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This Page (ontional)		850.00

SCHEDULE A (FEC Form	13X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 65 (check only one)
Any information copied from such Report or for commercial purposes, other than it	ts and Statements may using the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action (Committee	
Full Name (Last, First, Middle Initial) Eugene Volney Pierce, Dr.			Date of Receipt
Mailing Address Ameripath-RM0 1020 River Oak			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.38045
FIOWOOD FEC ID number of contributing federal political committee.	MS C	39232	Amount of Each Receipt this Period 250.00
Name of Employer River Oaks Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) V Alexander Pliskin, Dr.	L		Date of Receipt
Mailing Address 240-68 Depew	Ave		06 04 2010
City <u>Douglasyon</u>	State NY	Zip Code 11363	Transaction ID: SA11AI.38039
FEC ID number of contributing federal political committee.	C	11303	Amount of Each Receipt this Period 250.00
Name of Employer Quest Diagnostics Inc	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M. Robert Ridout, Dr.			Date of Receipt
Mailing Address Department of PO Box 1140	Pathology		06 04 2010
City	State	Zip Code	Transaction ID: SA11AI.37892
Texarkana FEC ID number of contributing federal political committee.	C	75504-1140	Amount of Each Receipt this Period 250.00
Name of Employer Christus-St. Michael Heal- th Sys	Occupation Patholog	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op	tional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 65 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personal the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E Janet Roepke, Dr. Mailing Address 605 Wintergreen Dr City Yorktown FEC ID number of contributing federal political committee. Name of Employer Ball Memorial Hosp	State Zip Code IN 47396-9360 C Occupation Pathologist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) T. David Rowlands, Dr. Mailing Address 13804 Cypress Villa City	ige Circle State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y
Tampa FEC ID number of contributing federal political committee.	FL 33618-8406	Transaction ID: SA11AI.38158 Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Raymond Frank Rudy, Dr. Mailing Address 141 Fineview Road		Date of Receipt 0 6 1 0 2 0 1 0
City Camp Hill FEC ID number of contributing	State Zip Code PA 17011	Transaction ID: SA11AI.38029 Amount of Each Receipt this Period
federal political committee. Name of Employer Polyclinic Hosp	Occupation Pathologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 65 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Thomas Ruma, Dr. Mailing Address 6901 North 72nd St		7.0.4	Date of Receipt 0 6 0 4 2 0 1 0
City Omaha FEC ID number of contributing federal political committee.	State NE	Zip Code 68122-3495	Transaction ID: SA11AI.37842 Amount of Each Receipt this Period 500.00
Name of Employer Alegent Immanuel Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate]
Full Name (Last, First, Middle Initial) S Demaretta Rush, Dr. Mailing Address Lab Admin - Rm 32 1600 SW Archer Ro	d State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Gainesville FEC ID number of contributing federal political committee. Name of Employer VA Med Ctr-Gainesville Receipt For: Primary General Other (specify)	Occupation Patholog Aggregate		Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) F. Michael Schaldenbrand, Dr. Mailing Address Department of Path PO Box 2500 City	nology	Zip Code	Date of Receipt M M D D 7 Y Y Y Y Y Y Y Y Y
Dearborn FEC ID number of contributing federal political committee.	MI	48123-2500	Amount of Each Receipt this Period 250.00
Name of Employer Oakwood Hosp & Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional	(li		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 44 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any personame 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 Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) J. James Schnabel, Dr. Mailing Address Department of Pathology		Date of Receipt
Mailing Address Department of Patholog 3300 NW Expressway	39	06 25 2010
City	State Zip Code	Transaction ID: SA11Al.37936
Oklahoma City	OK 73112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Integris Baptist Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) M Karla Sendelbach-Elizondo, Dr.		Date of Receipt
Mailing Address Dept of Path 1818 N Meade St		06 04 2010
City	State Zip Code	Transaction ID: SA11AI.37853
<u>Appleton</u>	WI 54911-3454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Appleton Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carolina Sforza-Huffman		Date of Receipt
Mailing Address Dept of Path 206 E Brown St		0 6 0 4 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.38031
East Stroudsburg FEC ID number of contributing	PA 18301-3094	Amount of Each Receipt this Period 250.00
federal political committee.		
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)		1050.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	N)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 65 (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) Samar Shami			Date of Receipt
Mailing Address 8 Boxwood Ter			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Holmdel	State NJ	Zip Code 07733-2916	Transaction ID: SA11AI.37912
FEC ID number of contributing federal political committee.	C	07733-2910	Amount of Each Receipt this Period 500.00
Name of Employer Dermatopath Inst of NJ	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert William Shipley, Dr.	I		Date of Receipt
Mailing Address Dept of Path 201 E Grover St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>S</u> helby	State NC	Zip Code 28150-3917	Transaction ID: SA11AI.37896 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20130-3917	500.00
Name of Employer Cleveland Reg Med Ctr	Occupatio Patholog		
Receipt For: Primary General	 '	e Year-to-Date ▼	7
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Y Scott Sittler, Dr.			Date of Receipt
Mailing Address 8150 Chancellor Dr	Ste 110		06 15 2010
City Orlando	State FL	Zip Code 32809-7665	Transaction ID: SA11AI.37848
FEC ID number of contributing federal political committee.	C	32809-7003	Amount of Each Receipt this Period 300.00
Name of Employer AmeriPath	Occupatio Patholog		
Receipt For: Primary General Other (specify)	_ ' ' 	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 65 (check only one) X 11a 11b 11c 12
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 personal the 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) W John Skinner, Dr. Mailing Address Dept of Path 300 Main St City Lewiston FEC ID number of contributing	State Zip Code ME 04240-7027	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 Other (specify)	Occupation Pathologist Aggregate Year-to-Date 400.00	400.00
Full Name (Last, First, Middle Initial) Frances Kathryn Skitarelic, Dr. Mailing Address Dept of Path HIth Sci N City Morgantown FEC ID number of contributing federal political committee. Name of Employer West Virginia Univ HSC	State Zip Code WV 26506-9203 C	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.38128 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L David Slater, Dr. Mailing Address Sierra Path Lab PO Box 2130 City Clovis FEC ID number of contributing federal political committee.	State Zip Code CA 93613-2130	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 Pathology Associates Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personante name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A Bozena Slota, Dr. Mailing Address 73-57 Harrison St City Johnson City	State Zip Code NY 13790	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer United Hith Svcs-Wilson Mem Reg Med Ct Receipt For: □ Primary □ General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) W. David Smith, Dr. Mailing Address 3 Santa Clara Court	State Zip Code	Date of Receipt 0 6 15 2010 Transaction ID: SA11AI.37940
San Rafael FEC ID number of contributing federal political committee. Name of Employer Kaiser Foundation Hosp	CA 94903-3729 C Occupation Pathologist	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) M Gregory Smith, Dr. Mailing Address 712 S Cascade 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 Fergus Falls FEC ID number of contributing federal political committee.	State Zip Code MN 56537-2913	Transaction ID: SA11AI.37951 Amount of Each Receipt this Period 500.00
Name of Employer Lake Region Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 65 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persign the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists I	Political Action Committee	
Full Name (Last, First, Middle Initial) Edward Paul Steele, Dr.		Date of Receipt
Mailing Address Pathology & Lab M 3333 Burnet Ave		06 29 2010
City	State Zip Code	Transaction ID: SA11AI.37893
<u>Cincinnati</u>	OH 45229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cincinnati Children's Hosp	Occupation Pathologist	
Med Ctr Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Allen Craig Storm, Dr.		Date of Receipt
Mailing Address 8 Stagecoach Rd		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.37911
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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Rogers Arthur Summerlin, Dr.	L	Date of Receipt
Mailing Address PO Box 813		0 6 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.38018
Dothan	AL 36302-0813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Laboratory Asso- ciates	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	al)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 65 (check only one) X
A 0	r for commercial purposes, other than using the	Statements may not be sold or used by any pene 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	litical Action Committee	
	Full Name (Last, First, Middle Initial) R. John Svirbely, Dr. Mailing Address Clinical Laboratory		Date of Receipt
	110 N. Poplar Street		06 04 2010
	City Oxford	State Zip Code OH 45056	Transaction ID: SA11AI.37967
	FEC ID number of contributing federal political committee.	OH 45056	Amount of Each Receipt this Period 500.00
	Name of Employer McCullough-Hyde Mem Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) C. Richard Szumel, Dr.		Date of Receipt
	Mailing Address 106 Bow St		0 6 3 0 Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.38093
	Elkton	MD 21921-5544	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer Union Hosp- Elkton	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) P. John Tinsley, Dr.		Date of Receipt
	Mailing Address Department of Patho 206 E. Brown St.		0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City East Stroudsburg	State Zip Code PA 18301-3094	Transaction ID: SA11AI.38030 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Pocono Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	1	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 65 (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)	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Olguta Diana Treaba, Dr.		Date of Receipt
Mailing Address Apc12 Dept of Path 593 Eddy St		06 18 2010
City Providence	State Zip Code RI 02903-4970	Transaction ID: SA11AI.38043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rhode Island Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill Dr		Date of Receipt
	Olah 75 Olah	06 15 2010
City Midlothian	State Zip Code VA 23113-2516	Transaction ID: SA11AI.37900 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Commonwealth Lab Consulta- nts	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Mark Thomas Wallace, Dr.		Date of Receipt
Mailing Address 1 Wyoming St		0 6 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.37982
Dayton FEC ID number of contributing federal political committee.	OH 45409-2722	Amount of Each Receipt this Period 500.00
Name of Employer Miami Valley Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 65 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle	College of American Pathologists Pol	litical Action (Committee	
۱.	Full Name (Last, First, Middle Initial) E. Scott Wang, Dr.			Date of Receipt
	Mailing Address Department of Pathol 11 Friendship Street	ogy		06 04 2010
	City	State	Zip Code	Transaction ID: SA11AI.37993
	Newport FEC ID number of contributing federal political committee.	C	02840-2299	Amount of Each Receipt this Period 250.00
	Name of Employer Newport Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Stephen Christopher Ward, Dr.			Date of Receipt
	Mailing Address Department Of Patho One Gustave L Levy	06 29 7 2010		
	City	State	Zip Code	Transaction ID: SA11AI.37989
	New York FEC ID number of contributing federal political committee.	C	10029-6500	Amount of Each Receipt this Period 250.00
	Name of Employer Mt. Sinai School of Medic- ine	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) L Alice Werner, Dr.			Date of Receipt
	Mailing Address 601 Childrens 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.37888
	Norfolk FEC ID number of contributing federal political committee.	C	23507-1971	Amount of Each Receipt this Period 250.00
	Name of Employer Children's Hosp of the Ki- ngs Daughters	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
[SUBTOTAL of Receipts This Page (optional)	1		750.00

Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Politi Full Name (Last, First, Middle Initial) Brian Alexander West, Dr. Mailing Address Dept of Path 310 Cedar St PO Box 2 City New Haven FEC ID number of contributing federal political committee. Name of Employer Yale University	name and address of any political committee t	Date of Receipt Date of Receipt O 6 Transaction ID: SA11AI.38143 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Brian Alexander West, Dr. Mailing Address Dept of Path 310 Cedar St PO Box 2 City New Haven FEC ID number of contributing federal political committee.	208023 State Zip Code CT 06520-8023 C Occupation Pathologist Aggregate Year-to-Date ▼	Transaction ID: SA11AI.38143 Amount of Each Receipt this Period
Brian Alexander West, Dr. Mailing Address Dept of Path 310 Cedar St PO Box 2 City New Haven FEC ID number of contributing federal political committee.	State Zip Code CT 06520-8023 C Occupation Pathologist Aggregate Year-to-Date ▼	Transaction ID: SA11AI.38143 Amount of Each Receipt this Period
310 Cedar St PO Box 2 City New Haven FEC ID number of contributing federal political committee.	State Zip Code CT 06520-8023 C Occupation Pathologist Aggregate Year-to-Date ▼	Transaction ID: SA11AI.38143 Amount of Each Receipt this Period
New Haven FEC ID number of contributing federal political committee.	CT 06520-8023 C Occupation Pathologist Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation Pathologist Aggregate Year-to-Date ▼	
Name of Employer Yale University	Pathologist Aggregate Year-to-Date ▼	
	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Page Janis White, Dr. Mailing Address 512 Hillcrest Cir		Date of Receipt
		06 04 2010
City	State Zip Code WV 26330	Transaction ID: SA11AI.38155
Bridgeport FEC ID number of contributing federal political committee.	WV 26330	Amount of Each Receipt this Period 500.00
Name of Employer unafilliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Christopher Williams, Dr.		Date of Receipt
Mailing Address Laboratory 601 Main St		0 6 1 5 Y Y Y Y Y
City Dunedin	State Zip Code FL 34698-5848	Transaction ID: SA11AI.37969
FEC ID number of contributing federal political committee.	C 34090-3040	Amount of Each Receipt this Period 500.00
Name of Employer Mease Dunedin Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 65 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)	oniour / onor oommittee	
B. Gary Witkin, Dr. Mailing Address Dept of Pathology	nton Dd	Date of Receipt M M D D Y Y Y Y Y Y Y Y
4755 Ogletown-Star	State Zip Code	Transaction ID: SA11AI.37891
Newark	DE 19718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Christiana Hosp	Occupation Pathologist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Howard John Wolk, Dr.		Date of Receipt
Mailing Address Department of Path 95 Grasslands Rd	ology	0 6 3 0 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.38130
Valhalla	NY 10595-1652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Westchester Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) W Howard Wright, Dr.		Date of Receipt
Mailing Address 4864 Jackson 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.37960
Monroe	LA 71202-6400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer EA Conway Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	800.00
TOTAL This Period (last page this line num)	her only)	55525.00

A.

B.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 54 / 65 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.38208 Sun Trust Bank Date of Disbursement 0 3้ 0 6 2010 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 15.00 Purpose of Disbursement Moneris ACH Discount 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.38209 Sun Trust Bank Date of Disbursement 18 0 6 2010 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 50.50 Purpose of Disbursement Suntrust Account Analysis Fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	65.50
TOTAL This Period (last page this line number only)	•	65.50

Other (specify)

State:

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 55 / 65
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 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)	and address of any political co	THITILLEE TO SOM	Cit Continbutions no	in such committee
College of American Pathologists Political	Action Committee			
Full Name (Last, First, Middle Initial) Committee for Preservation of Capitalism			Transaction ID: Date of Disburse	
Mailing Address P.O. Box 22614			06 1	6 2010
•	State Zip Code VA 22314		Amount of Each	Disbursement this Period
Purpose of Disbursement	Г			2500.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	nent For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	
CONGRESSMAN WAXMAN CAMPAIGN (OMMITTEE		Date of Disburse	
Mailing Address 8665 WILSHIRE BLVD #	220		06	9 / 2010
•	State Zip Code CA 90211		Amount of Each	Disbursement this Period
Purpose of Disbursement	Г			2500.00
Candidate Name	(Category/ Type		
Senate President	ment For: 2010 Primary X General Other (specify) ▼			
State: CA District: 29 Full Name (Last, First, Middle Initial)				
Dave Camp for Congress			Transaction ID: Date of Disburse	ment
Mailing Address PO Box 423			06 / 2	9 /
	State Zip Code VII 48640		Amount of Each	Disbursement this Period
Purpose of Disbursement		•		2500.00
Candidate Name		Category/ Type		
Office Sought: X House Disburse Senate President State: MI District: 04	ment For: 2010 Primary X General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional) .		>		7500.00
TOTAL This Period (last page this line number only)				

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)) FOR LINE (check on	E NUMBER: PAGE 56 / 65
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee		
	Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY			Transaction ID: SB23.38196 Date of Disbursement
	Mailing Address P. O. Box 360877			06 06 7 29 7 2010
	City Melbourne	State Zip Code FL 32936		Amount of Each Disbursement this Period
	Purpose of Disbursement		0 0	1000.00
	Candidate Name		Category/ Type	
	Senate X President	ement For: 2010 Primary General Other (specify)		
	State: FL District: 15 Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI			Transaction ID: SB23.38198 Date of Disbursement
	Mailing Address PO Box 74			06 d 29 / 2010
	City Syracuse	State Zip Code NY 13214		Amount of Each Disbursement this Perio
	Purpose of Disbursement		0 0	1500.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: NY District: 25	ement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI			Transaction ID: SB23.38206 Date of Disbursement
	Mailing Address PO Box 74			06 7 29 7 2010
	City Syracuse	State Zip Code NY 13214		Amount of Each Disbursement this Perio
	Purpose of Disbursement			800.00
	Candidate Name		Category/ Type	
	9 1	ement For: 2010 Primary General Other (specify)		
_	2.5520			3300.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check onl	NUMBER: PAGE 57 / 65
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee		
<u>v</u>	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI			Transaction ID: SB23.38207 Date of Disbursement
	Mailing Address PO Box 74			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I \end{bmatrix} 0 & Y \end{bmatrix}$
	City Syracuse	State Zip Code NY 13214		Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 Primary X General Other (specify)		
	State: NY District: 25 Full Name (Last, First, Middle Initial)			Transcation ID: CD00 00171
	FRIENDS OF JOE PITTS			Transaction ID: SB23.38171 Date of Disbursement
	Mailing Address PO BOX 775			06 7 2010
	City UNIONVILLE	State Zip Code PA 19375		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 Primary X General Other (specify)	, , ,	
	State: PA District: 16 Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS			Transaction ID: SB23.38199 Date of Disbursement
	Mailing Address PO BOX 586			06 / 19 / 2010
	City HELENA	State Zip Code MT 59624		Amount of Each Disbursement this Perio
	Purpose of Disbursement			2500.00
	Candidate Name		Category/ Type	
		ement For: 2014 Primary General Other (specify)		
				3700.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check onl	E NUMBER: PAGE 58 / 65
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee		
v	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON			Transaction ID: SB23.38200 Date of Disbursement
	Mailing Address POST OFFICE BOX	250116		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City ATLANTA	State Zip Code GA 30325		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
	X Senate President	oursement For: 2010 Primary X General Other (specify)		
	State: GA District: 00 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.38172
	GINGREY FOR CONGRESS			Date of Disbursement
	Mailing Address PO Box U			06 16 7 2010
	City Marietta	State Zip Code GA 30060		Amount of Each Disbursement this Perio
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: GA District: 11	oursement For: 2010 X Primary General Other (specify)	•	
	Full Name (Last, First, Middle Initial) JESSE JACKSON JR. FOR CONGRE	SS		Transaction ID: SB23.38173 Date of Disbursement
	Mailing Address 499 S Capital Street, Suite 412	SW		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Name		Category/	1000.00
	Office Sought: X House Senate President State: IL District: 02	oursement For: 2010 Primary X General Other (specify)	Туре	

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE (check only 21b 27	
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\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Political				
	Full Name (Last, First, Middle Initial) John Dingell for Congress				Transaction ID: SB23.38174 Date of Disbursement
	Mailing Address P.O. Box 75214				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & O \end{smallmatrix} \end{bmatrix} $
	Washington	State DC	Zip Code 20013		Amount of Each Disbursement this Period
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	Candidate Name			Category/ Type	
	Senate X President	ement For: Primary Other (speci	2010 General		
	State: MI District: 16 Full Name (Last, First, Middle Initial)				Transaction ID: SB23.38175
	LEVIN FOR CONGRESS				Date of Disbursement
	Mailing Address P.O. Box 37				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & Y & Y \\ D & D & D & D \end{smallmatrix} \end{bmatrix} $
	City Roseville	State MI	Zip Code 48066		Amount of Each Disbursement this Period
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	Candidate Name			Category/ Type	
		ement For: Primary Other (speci	2010 General	,,	
	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC				Transaction ID: SB23.38201 Date of Disbursement
	Mailing Address 104 HUME AVENUE				$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City ALEXANDRIA	State VA	Zip Code 22301		Amount of Each Disbursement this Period
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	Candidate Name			Category/ Type	
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	2010 X General	-	
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		LINE I	NUMBE	H:		LP.	AGE	60 / 6	5
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		2 2	1b 7	22 28a		8b	24 28c		25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee										
<u>/_</u>	Full Name (Last, First, Middle Initial)					T			0000	004	70	
	LOUISE SLAUGHTER RE-ELECTION CO	MMITTEE				Date o	action of Disb	ursen				Υ
	Mailing Address 729 15TH STREET, NW 3RD FLOOR					0 6		•		^	0 1 0	
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	Senate X President	ement For: 2010 Primary General Other (specify)	•									
	State: NY District: 28 Full Name (Last, First, Middle Initial)								0000	004		
	MARY BONO MACK COMMITTEE					Date of	action of Disb	ursen				V
	Mailing Address P.O. Box 3370					0 6	, , , , , , , , , , , , , , , , , , ,	^D 1 6	5 /	2	0 1 0	_
	City Palm Springs	State Zip Code CA 92263				Amou	nt of E	ach D	isburs	ement	this P	erio
	Purpose of Disbursement			•						300	00.00	
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	Office Sought: X House Senate President State: CA District: 45	ement For: 2010 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS						action of Disb	ursen		.3817	79	
	Mailing Address 430 South Capitol Stree 1st Floor	, SE				0 ^M 6	M /	16	3 /	ž	0 1 0	Υ
	City Washington	State Zip Code DC 20003				Amou	nt of E	ach D	Disburs	ement	this P	erio
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 61 / 65
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) College of American Pathologists Political	al Action Committee		
Full Name (Last, First, Middle Initial) NRCC			Transaction ID: SB23.38169 Date of Disbursement
Mailing Address 320 FIRST STREET			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \\ D & I & I \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I & I \\ I & I & I & I \end{bmatrix} $
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			T " ID ODGG 00470
PALLONE FOR CONGRESS			Transaction ID: SB23.38178 Date of Disbursement
Mailing Address PO BOX 3176			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \\ D & D & G \end{bmatrix} $
City LONG BRANCH	State Zip Code NJ 07740		Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: NJ District: 06	sement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AN	ID ECONOMIC GROWTH	1	Transaction ID: SB23.38181 Date of Disbursement
Mailing Address 7804 Evening Lane			06 16 7 2010
City Alexandria	State Zip Code VA 22306		Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify)		
State: District:			
	l)		25000.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	5)		neck onl	: NUMBE v one)	n.			PAGE	62 / 6	55
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b	24 28	С	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nan											5
	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee										
<u></u>	Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS	(PATPAC)				Date	of Dis	burse	SB2 ement			
	Mailing Address 610 S. BOULEVARD					0 ^M 6	M /	^D 1	^D 6	1 2	010)
	City TAMPA	State Zip Code FL 33606				Amou	ınt of	Each	Disbur	semer	nt this F	Period
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	Senate President	ement For: 2010 Primary X General Other (specify)										
	State: District: Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE								SB2	3.381	90	
	Mailing Address POST OFFICE BOX 59	28				0 ^M 6	M /	^D 1	6 /	Y	010) ^Y
	City WINSTON-SALEM	State Zip Code NC 27113				Amou	ınt of	Each	Disbur	semer	nt this F	Perioc
	Purpose of Disbursement					L.				20	00.00)
	Candidate Name			ateg Typ	-							
	Office Sought: House Disburs	ement For: 2010 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial) ROB ANDREWS U.S. HOUSE COMMITT	EE				Date	of Dis	burse	SB2			
	Mailing Address 215 Fourth Avenue SUITE 200					0 ^M 6	M /	^D 1	6 /	Y	010) ^Y
	City Haddon Heights	State Zip Code NJ 07076				Amou	ınt of	Each	Disbur		-	
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS Mailing Address 21b 22 X 23 24 25 29 X 20 X 21b 27 Z Z Z Z Z Z Z Z Z Z Z Z Z		Use sepa	rate schedule(s)	FOR LINE (check only	
NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS Mailing Address 2501 Wisconsin Avenue, NW #304 City State Zip Code DC 20007 Purpose of Disbursement Candidate Name Office Sought: X House President Sullivan for Congress Mailing Address P.O. Box 651374 City State Zip Code Disbursement Category' Type Office Sought: X House President State: OK District: 01 Full Name (Last, First, Middle Initial) Sullivan for Congress Mailing Address P.O. Box 2485 City Senate President State: OK District: 01 Full Name (Last, First, Middle Initial) State: OK District: 01 Full Name (Last, First, Middle Initial) State: OK District: 02 Full Name (Last, First, Middle Initial) State: OK District: 02 Category' Type Transaction ID: SB23.38188 Date of Disbursement Office Sought: X House Senate President Senate Other (specify) ▼ Transaction ID: SB23.38188 Date of Disbursement His Perior Category' Type Office Sought: X House President Senate Other (specify) ▼ Transaction ID: SB23.38188 Date of Disbursement His Perior Category' Type Office Sought: X House President Senate Other (specify) ▼ Transaction ID: SB23.38188 Date of Disbursement His Perior Category' Type Office Sought: X House President Senate Other (specify) ▼ Transaction ID: SB23.38188 Date of Disbursement His Perior Category' Type Office Sought: X House Senate President Senate President Senate President Senate President Senate President	FEMIZED DISBURSEMENTS			21b	22 X 23 24 25
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