04/15/2010 11:27

Image# 10930570275

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2010 03 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 04 15 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 22

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name College of American Pathologists Political Action Committee

D D " D 2010 03 0 1 2010 0.3 3 1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 387407.60 January 1 (b) Cash on Hand at 341903.85 Begining of Reporting Period ..... 19931.50 63081.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 361835.35 450489.10 6(a) and 6(c) for Column B) ..... 40096.21 128749.96 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 321739.14 321739.14 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

## For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 22

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From: 0 3

D D 0

2010

·<sub>0</sub>.

0 3 D D 3 1

Y Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	16224.00	47440.00
(ii) Unitemized	3707.50	15641.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19931.50	63081.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19931.50	63081.50
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19931.50	63081.50
Total Federal Receipts     (subtract Line 18(c) from Line 19)	19931.50	63081.50

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 22

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Shared Federal/Non-Federal		I.
(a)	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating	96.21	1059.18
(c)	Expenditures  Total Operating Expenditures	90.21	1039.18
(0)	(add 21(a)(i), (a)(ii) and (b))	96.21	1059.18
	nsfers to Affiliated/Other Party		
	nmitteestributions to	0.00	0.00
	eral Candidates/Committees  Other Political Committees	40000.00	127690.78
	ependent Expenditure		
	e Schedule E) ordinated Expenditures Made by Party	0.00	0.00
Con (use	nmittees (2 U.S.C. 441a(d))	0.00	0.00
		0.00	0.00
6. Loai	n Repayments Made	0.00	0.00
	ns Made	0.00	0.00
8. Refi (a)	unds of Contributions To: Individuals/Persons Other		
(4)	Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	0.00	0.00
(d)	(such as PACs)  Total Contribution Refunds	0.00	0.00
(u)	(add Lines 28(a), (b), and (c))	0.00	0.00
9. Othe	er Disbursements	0.00	0.00
	leral Election Activity (2 U.S.C 431(20)) Shared Federal Election Activity		
` '	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely	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
31. Tot	tal Disbursements (add Lines 21(c), 22,		
	, 24, 25, 26, 27, 28(d), 29 and 30(c))	40096.21	128749.96
۷۵,	, 2 1, 20, 20, 27, 20(0), 20 and 00(0))		
	etal Federal Disbursements		
•	ubtract Line 21(a)(ii) and Line 30(a)(ii)	40006.01	100740.00
tro	m Line 31)	40096.21	128749.96

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 22

	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)	19931.50	63081.50
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	19931.50	63081.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96.21	1059.18
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	96.21	1059.18

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	/ 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	litical Action (	Committee	
	Full Name (Last, First, Middle Initial) L. David Booker, Dr.			Date of Receipt
	Mailing Address Department of Pathol 2260 Wrightsboro Rd			03 / 29 / 2010
	City Augusta	State GA	Zip Code 30904	Transaction ID: SA11AI.36597
	FEC ID number of contributing federal political committee.	C	30904	Amount of Each Receipt this Period  250.00
	Name of Employer St. Joseph Hosp	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) P. Eleni Bourtsos, Dr.  Mailing Address 5101 S Willow Spring	gs Rd		Date of Receipt
	City State Zip Code			03 05 2010
	City LaGrange	IL	60525	Transaction ID: SA11AI.36628  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LaGrange Memorial Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) E. George Branam, Dr.			Date of Receipt
	Mailing Address Ball Mem Hosp 2401 University Ave			03 / 12 / Y Y Y Y Y
	City Muncie	State IN	Zip Code 47303	Transaction ID: SA11AI.36644
	FEC ID number of contributing federal political committee.	C	4/303	Amount of Each Receipt this Period  1000.00
	Name of Employer ECIP Pathologists Associa- ted	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Г	SUBTOTAL of Receipts This Page (optional)			1500.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one)    X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he 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.
	College of American Pathologists Po	olitical Action (	Committee	
	Full Name (Last, First, Middle Initial) Karna Colby			Date of Receipt
	Mailing Address Path Dept 300 N 7th St			03 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.36634
	Bismarck	ND	58501-4439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MedCenter One	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) R. Janet Durham, Dr.	<u> </u>		Date of Receipt
	Mailing Address Department of Patho 8901 W Lincoln Ave	logy	03 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State		Zip Code	Transaction ID: SA11Al.36590
	West Allis	WI	53227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Allis Memorial Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00	]
	Full Name (Last, First, Middle Initial) R. Janet Durham, Dr.	ı		Date of Receipt
	Mailing Address Department of Patho 8901 W Lincoln Ave	logy		03 / 29 / 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.36591
	West Allis	WI	53227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Allis Memorial Hosp	Occupation Patholog	ist	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (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 persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) T Thomas Edmonds, Dr.  Mailing Address Mercy Hospital		Date of Receipt
250 Mercy Dr	State Zip Code	03 23 2010
City <u>Dubuque</u>	IA 52001-7320	Transaction ID: SA11AI.36669  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer United Clinical Laborator- ies	Occupation Pathologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) S Theresa Emory, Dr.  Mailing Address 1918 W State St		Date of Receipt
		03 17 2010
City Bristol	State Zip Code TN 37620	Transaction ID: SA11AI.36623
FEC ID number of contributing federal political committee.	C 37020	Amount of Each Receipt this Period  2000.00
Name of Employer Highlands Pathology Consu- Itants, PC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) F. Alan Frigy, Dr.		Date of Receipt
Mailing Address Department of Patho 1800 East Lakeshore	e Drive	03 / 29 / 2010
City <u>Decatur</u>	State Zip Code IL 62521-2521	Transaction ID: SA11AI.36657  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St. Mary's Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3250.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (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)	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) L. David Gang, Dr.		Date of Receipt
Mailing Address Department of Path		03 / 26 / 2010
City <u>Springfield</u>	State Zip Code MA 01199	Transaction ID: SA11AI.36601
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Baystate Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) B. Sandra Grear, Ms.		Date of Receipt
Mailing Address 325 Waukegan Rd		03 / 29 / 2010
City	State Zip Code	Transaction ID: SA11AI.36610
Northfield	IL 60093-2750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CAP	Occupation VP Communication Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) M Michelle Hebert, Dr.		Date of Receipt
Mailing Address 500 Medical Center Ste 360A		03 / 29 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.36600
Conroe  FEC ID number of contributing federal political committee.	TX 77304	Amount of Each Receipt this Period 250.00
Name of Employer Baylor Pathology Laborato- ry	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
	)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (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 Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) E. Thomas Higgins, Dr.  Mailing Address Department of Patholog 400 E Main St  City Mt Kisco  FEC ID number of contributing federal political committee.  Name of Employer Northern Westchester Hosp  Receipt For: Primary General Other (specify)	State NY  C Occupatio Patholog		Date of Receipt  M M / D D / Y Y Y Y Y  O 3 10 2010  Transaction ID: SA11AI.36642  Amount of Each Receipt this Period  250.00
- В.	Full Name (Last, First, Middle Initial) S Carolyn Katzen, Dr.  Mailing Address Dept of Path 1364 Clifton Rd NE, St.  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Emory Univ Hosp  Receipt For: Primary General Other (specify)	State GA  C  Occupatio Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 15 2010  Transaction ID: SA11AI.36618  Amount of Each Receipt this Period  250.00
- C.	Full Name (Last, First, Middle Initial) Doug Knapman  Mailing Address 325 Waukegan Rd  City Northfield  FEC ID number of contributing federal political committee.  Name of Employer College of American Path.  Receipt For: Primary General Other (specify)	State IL  C  Occupatio Employe Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y  O 3 15 2010  Transaction ID: SA11AI.36611  Amount of Each Receipt this Period  325.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		<u> </u>	825.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one)    X   11a
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In Formation College of American Patho	than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle I Daniel Michael McEachin, Dr.  Mailing Address #1105			Date of Receipt  0 3 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.36647
Atlanta	GA	30313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Piedmont Newnan Hosp	Occupation Patholog		
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle I H. Arthur McTighe, Dr.			Date of Receipt
201 E Univ	t of Pathology versity Pkwy	7: 0 1	03 29 2010
City Baltimore	State MD	Zip Code 21218-2895	Transaction ID: SA11AI.36667  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21210-2033	1000.00
Name of Employer Union Memorial Hospital	Occupation Patholog		
Receipt For:  Primary Genera  Other (specify) ▼	00 0	e Year-to-Date  1000.00	
Full Name (Last, First, Middle I D. John Milam, Lt.	nitial)		Date of Receipt
Mailing Address Dept of Pa 6431 Fann	th & Lab Med MSB 2.02 in St	22	03 26 7 2010
City	State	Zip Code	Transaction ID: SA11AI.36680
Houston  FEC ID number of contributing federal political committee.	C	77030-1501	Amount of Each Receipt this Period 500.00
Name of Employer University of Texas-Houst- on Medical Sc	Occupation Pathology		
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Pa	ne (optional)		2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to  Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maryam Mohammadkhani Mailing Address 1000 E Primrose	St Ste 300	Date of Receipt
City Springfield	State Zip Code MO 65807-5178	Transaction ID: SA11AI.36646  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pathology Services of Springfield Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Beth Lisa Nass, Dr.  Mailing Address Cyto Dept 8901 W Lincoln A	T T T T T T T T T T T T T T T T T T T	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  West Allis  FEC ID number of contributing federal political committee.	State Zip Code WI 53227-2409  C	Transaction ID: SA11AI.36593  Amount of Each Receipt this Period  250.00
Name of Employer ACL Labs	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) H. Margaret Neal, Dr. Mailing Address 1899 Eider Ct		Date of Receipt
City Tallahassee	State Zip Code FL 32308	Transaction ID: SA11AI.36627  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer KWB Pathology Associates	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
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 address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Irene Lauren O Brien, Dr.  Mailing Address Path Clin Lab 100 W California Bi	vd	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pasadena FEC ID number of contributing	State Zip Code CA 91105-3010	Transaction ID: SA11AI.36625  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Initial) G. Cooley Pantazis, Dr.  Mailing Address 2240 SE 5th Street		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City  Ocala  FEC ID number of contributing federal political committee.	State Zip Code FL 34471	Transaction ID: SA11AI.36621  Amount of Each Receipt this Period  249.00
Name of Employer Munroe Regional Med Ctr  Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date	249.00
Full Name (Last, First, Middle Initial) C. Dean Pappas Mailing Address Lawrence Mem Hos	sp/Path Dept	Date of Receipt
City  Medford  FEC ID number of contributing federal political committee.	State         Zip Code           MA         02155-1643	Transaction ID: SA11AI.36620  Amount of Each Receipt this Period  50.00
Name of Employer Hallmark Health Receipt For:	Occupation Pathologist Aggregate Year-to-Date	
Primary General Other (specify) ▼		650.00
SUBTOTAL of Receipts This Page (optional	l)	799.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	o <b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14 / 22   (check only one)
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action (	Committee	
Full Name (Last, First, Middle Initial) Catherine Nicole Prall, Dr.			Date of Receipt
Mailing Address 16250 NW 59th A	ve Ste 201		03 26 2010
City Miami Lakes	State FL	Zip Code 33014-7542	Transaction ID: SA11AI.36619  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Global Pathology Lab Svc Inc	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) H. Thomas Rynalski, Dr.			Date of Receipt
Mailing Address Department of Pa PO Box 413029	thology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naples	State FL	Zip Code 33941-3029	Transaction ID: SA11AI.36638
FEC ID number of contributing federal political committee.	C	33941-3029	Amount of Each Receipt this Period  1000.00
Name of Employer Naples Community Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) E Cordelia Sever, Dr.			Date of Receipt
Mailing Address 4084 Dietz Farm (	Cir NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque	State NM	Zip Code 87107-3104	Transaction ID: SA11AI.36649  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Presbyterian Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del> '	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		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 15 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Per		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elba Torres-Matundan  Mailing Address Puerto Rico Path La 1760 Calle Loiza Ste City San Juan		Date of Receipt  0 3
FEC ID number of contributing federal political committee.  Name of Employer University Pathologists Assoc Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date  250.00	250.00
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.  Mailing Address 2201 Carbon Hill Dr  City Midlothian  FEC ID number of contributing federal political committee.	State Zip Code VA 23113-2516	Date of Receipt    M   M   D   D   D   Y   Y   Y   Y   Y   Y   Y
Name of Employer Commonwealth Lab Consultants Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) H Matthew Twohig, Dr. Mailing Address 2400 N Rockton Ave		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 Rockford  FEC ID number of contributing federal political committee.	State Zip Code  IL 61103-3655  C	Transaction ID: SA11AI.36653  Amount of Each Receipt this Period  250.00
Name of Employer Rockford Mem Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	600.00
		16224.00

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

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 / 22
ITEMIZED DISBURSEMENTS	RSFMFNTS   ose separate scriedule(s)   (check		v one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any political	committee to sor	icit contributions from such committee
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.36707 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 85024			03 03 2010
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement		• •	44.13
Suntrust Bank Charges Candidate Name		Category/	
		Type	
Office Sought: House Disburse Senate	ement For:  Primary  General		
President State: District:	Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			Transaction ID: CD01D 00700
Sun Trust Bank			Transaction ID: SB21B.36708 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
•	State Zip Code		Amount of Each Disbursement this Period
Richmond	VA 23285		1.58
Purpose of Disbursement Suntrust Bank Charges			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ement For:    Primary   General		
President	Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
Sun Trust Bank			Transaction ID: SB21B.36709 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & B \\ 1 & 8 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & 1 & 0 \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement	20200		50.50
Suntrust Bank Charges			
Candidate Name		Category/ Type	
	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	•		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	96.21

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

96.21

# SCHEDULE B (FEC Form 3X)

ITEMIZED DISPUBSEMENTS		Use separate schedule(s)		check onl	E NUMBER: PAGE 1//						22		
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	2	23 28b	24 280		25 29	26 30		
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica											
$\angle$	College of American Pathologists Political	Action Committee											
<b>A</b> .	Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TEN	IPLE			Date		n ID: burser			93 0 1 0	Y		
	SUITE 650	State Zip Code			A-m	nt of I	Each F	)iob: :r-	omo	t this F	Orical		
	SALT LAKE CITY	UT 84101			Amou	nt of I	Each L	Jisburs	emen	t this F	erioa		
	Purpose of Disbursement			-	L.	_			10	00.00			
	Candidate Name			egory/ ype									
	X Senate President	ement For: 2010 Primary X General Other (specify)											
	State: UT District: 00  Full Name (Last, First, Middle Initial)				_			ODG		0.4			
В.	BERKLEY FOR CONGRESS				Date	of Dis	burser		3.366	94			
	Mailing Address 349 KEATING ST				0 3	M /	<sup>D</sup> 29	9 /	Ý Ž	0 Ĭ 0	Y		
	City HENDERSON	State Zip Code NV 89014			Amou	nt of I	Each [	Disburs		t this F			
	Purpose of Disbursement								40	00.00			
	Candidate Name			egory/ ype									
		ement For: 2010 Primary General Other (specify)											
C.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS				Date	of Dis	burser	_					
	Mailing Address 349 KEATING ST				0,3	M /	<sup>D</sup> 29	9 /	Ý Ž	0 1 0	Y		
	City HENDERSON	State Zip Code NV 89014			Amou	nt of I	Each [	Disburs	emen	t this F	eriod		
	Purpose of Disbursement				<u>L.</u>				10	00.00			
	Candidate Name			egory/ ype									
	Office Sought:  X House Senate President State: NV District: 01	ement For: 2010 Primary X General Other (specify)	•										
	State: INV DISTRICT. UT												

SCHEDULE B (FEC FOIIII 3X)			Use separate schedule(s)		FOR LINE (check onl				FAGE	PAGE 18 / 22		
ITEMIZED DISE		Detailed S	category of the Summary Page		21l 27	2 2	2 8a	23 28b		8c	25 29	
Any Information copied f or for commercial purpos	ses, other than using the											
NAME OF COMMIT College of Americ	TEE (In Full) can Pathologists Poli	tical Action Co	mmittee									
Full Name (Last, Firs BIG EASY COMN						D		Disbur	SB2			Y
	10 G STREET, NE SUITE 470					L	) 3		29	2	2 0 1 0	
City Washington		State DC	Zip Code 20005			A	mount	of Eac	h Disbu			-
Purpose of Disburse	ment					7 L				50	00.00	-
Candidate Name					tegory/ ype							
Office Sought:  State: D	House Dis Senate President istrict: 00	bursement For: Primary Other (spe	2010 X General cify) <b>V</b>									
Full Name (Last, Firs	st, Middle Initial) R THE PRESERVAT	TION OF CAPIT	ΓALISM					Disbur	Sement			V
Mailing Address	P.O. Box 22614						ຶ່ງ 3 ື່		29 <sup>D</sup>	2	2 0 1 0	
City Alexandria		State VA	Zip Code 22314			A	mount	of Eac	h Disbu	rsemer	nt this P	erioc
Purpose of Disburse	ment					7 L				25	00.00	
Candidate Name					tegory/ ype							
Office Sought:  State: D	House Dis Senate President istrict:	bursement For: Primary Other (spe	2010  X General cify)		<u> </u>							
Full Name (Last, Firs CONGRESSMAN	st, Middle Initial) I BILL YOUNG CAM	PAIGN COMM	ITTEE			D	ate of	Disbur	): SB			
Mailing Address	P. O. Box 47025						3 M	/ [	29	Y 2	0 1 o	·
City St. Petersburg		State FL	Zip Code 33743			A	mount	of Eac	h Disbu	rsemer	nt this P	Period
Purpose of Disburse	ment					7 L				20	00.00	
Candidate Name					tegory/ ype							
Office Sought:	( House Dis Senate President	bursement For:  X Primary Other (spe	2010 General									
State: FL D	istrict: 10		<i>57</i> , <b>▼</b>									

SCHEDULE B (FEC FOIIII 3X)		Use separate schedule(s)				E NUMBER: PAGE 19 ly one)						22
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b		8c	25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											S
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee										
<u>/</u>	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2000					Date	of Dis	burs	: SB:			
	Mailing Address P.O.BOX 423					0 3	M /	<sup>D</sup> 2	9 /	Y	ž 0 i (	O Y
	City MIDLAND	State Zip Code MI 48640				Amou	ınt of	Each	Disbu		nt this I	
	Purpose of Disbursement					<u>L.</u>	_	•		2	500.00	)
	Candidate Name			itegor Type	y/							
	Senate X President	ement For: 2010 Primary General Other (specify)										
	State: MI District: 04  Full Name (Last, First, Middle Initial)  ERIC PAC								: SB:	23.36	690	
	Mailing Address 209 Pennsylvania Ave. SE					0 <sup>M</sup> 3	M /	DC	) <b>4</b> /	Υ	ž 0 1 (	O Y
	City Washington	State Zip Code DC 20003				Amou	ınt of	Each	Disbu	rseme	nt this I	Period
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	Candidate Name			itegor Type	ry/							
	Office Sought: House Senate President State: District:	ement For: 2010 Primary X General Other (specify)	•									
	Full Name (Last, First, Middle Initial) FARM PAC					Date	of Dis	burs	: SB:			V
	Mailing Address 675 N Washington St Suite 410					0 3	M /	້2	2 <b>9</b> /	Y	ž 0 1 (	ני כ כ
	City Alexandria	State Zip Code VA 22314				Amou	ınt of	Each	Disbu		nt this I	
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Г	State: District:									100		

SCHEDULE B (FEC FOIIII 3X)		Use separate schedule(s)				E NUMBER: PAGE 20 ly one)						) / 22	
	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 Staten for commercial purposes, other than using the nam											;	
	NAME OF COMMITTEE (In Full) College of American Pathologists Political												
<u> </u>	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO					Date	of Dis	burse				V	
	Mailing Address 49 HUNTINGTON STRE	ET				0 3	M /	٥2	9 /	, 2	0 1 0	) '	
	City NEW HAVEN	State Zip Code CT 06511				Amou	ınt of	Each	Disbur			-	
	Purpose of Disbursement					<u> </u>				10	00.00		
	Candidate Name		ı	ateg Typ									
	Senate X President	ment For: 2010 Primary General Other (specify)											
	State: CT District: 03  Full Name (Last, First, Middle Initial) JESSE JACKSON JR. FOR CONGRESS					Date	of Dis	burse					
	Mailing Address 499 S Capital Street, SW Suite 412	!				0 3	M /	٥2	<sup>D</sup> 4	YZ	010	Y	
	City Washington	State Zip Code DC 20003				Amou	ınt of	Each	Disbur	semer	t this F	Period	
	Purpose of Disbursement								_	5	00.00		
	Candidate Name		ı	ateg Typ									
	Office Sought:  X House Senate President State: IL District: 02	ment For: 2010 Primary X General Other (specify)											
	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS					Date	of Dis	burse	SB2				
	Mailing Address 5429 Madison Avenue					0 3	M /	0	<sup>D</sup> 4	YZ	0 1 0	)	
	City Sacramento	State Zip Code CA 95841				Amou	ınt of	Each	Disbur	semer	t this F	Perioc	
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	Candidate Name		ı	ateg Typ	-								
	Office Sought:  X House Senate President State: CA District: 01	ment For: 2010 Primary X General Other (specify)											
Г	UBTOTAL of Disbursements This Page (optional)						-			C.F.	00.00		

CHEDULE B (FEC Form 3 FEMIZED DISBURSEMENT	y Use sepa	arate schedule(s) category of the	FOR LINE	NUMBER: ly one)	PAGE 21/22
	Detailed	Summary Page	21b 27	22 X 23 28a 28	
ny Information copied from such Reports a for commercial purposes, other than using					
NAME OF COMMITTEE (In Full)  College of American Pathologists	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Pomeroy For Congress				Transaction Date of Disbu	ID: SB23.36706
Mailing Address P.O. Box 75214				03	D 2 9 Y 2 0 1 0 Y
City Washington	State DC	Zip Code 20013		Amount of Ea	ach Disbursement this Peri
Purpose of Disbursement					2500.00
Candidate Name			Category/ Type		
Office Sought:  X House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) ▼			
State: ND District: 00					
Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMIT	TEE			Date of Disbu	
Mailing Address PO Box 60405 PO Box 60405				03 /	D 2 D / Y 2 O 1 O Y
City Worcester	State MA	Zip Code 01606		Amount of Ea	ach Disbursement this Peri
Purpose of Disbursement					1000.00
Candidate Name			Category/ Type		
Office Sought:  X House Senate President State: MA District: 03	Disbursement For:  X Primary Other (spe	2010 General ecify)			
Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRE	ESS COMMITTEE			Transaction Date of Disbu	ID: SB23.36704
Mailing Address 76 MAGNOLIA 7	TERRACE			03	D 2 9 Y 2 0 1 0 Y
City SPRINGFIELD	State MA	Zip Code 01108		Amount of Ea	ach Disbursement this Peri
Purpose of Disbursement				L	2500.00
Candidate Name			Category/ Type		
Office Sought: X House Senate	Disbursement For: Primary	2010 X General			
State: MA District: 02	Other (spe	ecity) 🔻			

S	CHEDULE B (FEC Form 3)	<b>X</b> )		FORLINE	NIIMDED.	DAGE	00 / 00	$\neg$			
	•	' Use sepa	arate schedule(s)		FOR LINE NUMBER: PAGE 22 (check only one)						
ΙT	EMIZED DISBURSEMENT		category of the Summary Page	21b 27	22 X 23 28a 28b	<b>→                                    </b>	25 26 29 30				
	y Information copied from such Reports and for commercial purposes, other than using	•				•					
$\overline{\ }$	NAME OF COMMITTEE (In Full)							٦			
/	College of American Pathologists F	Political Action Co	mmittee								
	Full Name (Last, First, Middle Initial)				Transaction ID:	SB23 3670	5	_			
	VOLUNTEERS FOR SHIMKUS				Date of Disbursem		•				
					0 3 D 2 9	/ Y Y	) 1 0 Y				
	Mailing Address P.O. Box 5458				03 29	20	0 1 0				
	City	State	Zip Code		Amount of Each Di	isbursement t	this Period	_			
	Springfield	IL	62705								
	Purpose of Disbursement			v v		200	0.00				
	Candidate Name			Category/							
	Candidate Name			Type							
	Office Sought: X House	Disbursement For:	2010								
	Senate	X Primary	General								
	President	Other (spe	ecify) ▼								
	State: IL District: 19										

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	40000.00