

# 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 Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW  
Suite 590  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 01 31 2011

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 Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	343687.47									
(c) Total Receipts (from Line 19) .....	55011.00	617249.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	398698.47	1004656.60								
7. Total Disbursements (from Line 31) .....	10065.50	616023.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	388632.97	388632.97								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

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) .....	40337.00	496685.00
(ii) Unitemized .....	14674.00	120564.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	55011.00	617249.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	55011.00	617249.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. 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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	55011.00	617249.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55011.00	617249.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	65.50	1832.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.50	1832.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	608780.68
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	410.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10065.50	616023.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10065.50	616023.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	55011.00	617249.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55011.00	617249.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.50	1832.85
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	1832.85

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
E James Albro, Dr.  
Mailing Address 5252 Intermountain Dr  
City Murray State UT Zip Code 84107-5700  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Intermountain Med Ctr Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 12 / 18 / 2010  
Transaction ID: SA11AI.39883  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Lawrence Ariano  
Mailing Address Department of Pathology  
25 North Winfield Road  
City Winfield State IL Zip Code 60190  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Central DuPage Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400.00  
Date of Receipt 12 / 15 / 2010  
Transaction ID: SA11AI.39833  
Amount of Each Receipt this Period 2400.00

**C.** Full Name (Last, First, Middle Initial)  
L. Bryan Bartlett, Dr.  
Mailing Address 1424 Plantation Dr N  
City Colleyville State TX Zip Code 76034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baylor-All Saints Medical Center Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 12 / 17 / 2010  
Transaction ID: SA11AI.39810  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4400.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
G Lee Beckwith, Dr.

Mailing Address 1212 Perryville Rd

City State Zip Code  
Cape Girardeau MO 63701-3806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southeast Missouri Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39999

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
W. David Bernard, Dr.

Mailing Address Department of Pathology  
6565 Fannin

City State Zip Code  
Houston TX 77030-7030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Methodist Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.39920

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
A Stephen Betz, Dr.

Mailing Address 3 Barberry Road

City State Zip Code  
Mason City IA 50401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Med Ctr-North Iowa Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39916

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
J. Frank Beuerlein, Dr.

Mailing Address Department of Pathology  
900 E Oak Hill Ave

City Knoxville State TN Zip Code 37917-4556

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Health System Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2010  
Transaction ID: SA11AI.39917  
Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
J. Kenneth Bloom, Dr.

Mailing Address Laboratory  
31 Columbia

City Aliso Viejo State CA Zip Code 92656-1460

FEC ID number of contributing federal political committee. **C**

Name of Employer Clariant Diagnostics Svcs Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 29 / 2010  
Transaction ID: SA11AI.39845  
Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
L. David Booker, Dr.

Mailing Address Department of Pathology  
2260 Wrightsboro Rd.

City Augusta State GA Zip Code 30904

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 15 / 2010  
Transaction ID: SA11AI.39797  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Hugo Jerry Broman, Dr.  
Mailing Address 1005 Byers Ave

City State Zip Code  
Chambersburg PA 17201-3817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chambersburg Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	0

Transaction ID: SA11AI.39836

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Marco Burenko  
Mailing Address Laboratory Services  
PO Box 320069

City State Zip Code  
Cocoa Beach FL 32932-0069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cape Canaveral Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	1	0

Transaction ID: SA11AI.39825

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Z. Rafael Campanini, Dr.  
Mailing Address Department of Pathology  
1044 N Francisco St

City State Zip Code  
Chicago IL 60622-2794

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Norwegian American Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	0

Transaction ID: SA11AI.39945

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

690.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
B. Brett Cantrell, Dr.

Mailing Address Dept of Path  
1 SHIRCLIFF WAY.

City Jacksonville State FL Zip Code 32204

FEC ID number of contributing federal political committee. **C**

Name of Employer St Vincent's Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2010  
Transaction ID: SA11AI.40014  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
N. Joseph Carberry, Dr.

Mailing Address 2411 Glendower Avenue

City Los Angeles State CA Zip Code 90027

FEC ID number of contributing federal political committee. **C**

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2010  
Transaction ID: SA11AI.40080  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
K. Pramod Carpenter, Dr.

Mailing Address Dept of Pathology  
700 Broadway

City Ft Wayne State IN Zip Code 46802

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Hospital Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 08 / 2010  
Transaction ID: SA11AI.40017  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

L. James Caruso, Dr.

Mailing Address 10252 Oak Levee Dr

City State Zip Code  
Lakeland TN 38002-8511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bureau of Naval Personnel Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.39937

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)

L. Lisa Chandler, Dr.

Mailing Address Laboratory  
PO Box 279

City State Zip Code  
Oxford MS 38655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oxford Pathology, Inc Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.39953

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)

E. Robert Charles, Dr.

Mailing Address 710 FM 1960 West  
Medical Mall 3

City State Zip Code  
Houston TX 77090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Houston Northwest Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.39879

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

875.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 12 / 43
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) S Earle Collum, Dr.		Date of Receipt MM / DD / YYYY 12 / 17 / 2010		
	Mailing Address Anatomic Path 350 W Thomas Rd		<b>Transaction ID:</b> SA11AI.40011		
	City Phoenix	State AZ	Zip Code 85013-4409	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Josephs Hosp and Med Ctr		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) L Gary Cooper, Dr.		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 501 20th St Ste G3		<b>Transaction ID:</b> SA11AI.39882		
	City Knoxville	State TN	Zip Code 37916-1890	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Innovative Pathology Services		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.		Date of Receipt MM / DD / YYYY 12 / 15 / 2010		
	Mailing Address 5620 East El Parque Street		<b>Transaction ID:</b> SA11AI.39834		
	City Long Beach	State CA	Zip Code 90815-4129	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Centinela Hosp Med Ctr		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael David Crossland, Dr.

Mailing Address Dept of Path  
3435 Bailey Ave

City Buffalo State NY Zip Code 14215-1145

FEC ID number of contributing federal political committee. **C**

Name of Employer VA WNY Healthcare System Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt 12 / 22 / 2010

Transaction ID: SA11AI.40048

Amount of Each Receipt this Period 21.00

**B.**

Full Name (Last, First, Middle Initial)  
Hewat Bruce Davis, Dr.

Mailing Address Trillium Diagnostics, LLC  
PO Box 67

City Brewer State ME Zip Code 04412-0067

FEC ID number of contributing federal political committee. **C**

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2010

Transaction ID: SA11AI.40107

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
A. Michael Deck, Dr.

Mailing Address 6124 W Parker Rd Ste G36

City Plano State TX Zip Code 75093-8124

FEC ID number of contributing federal political committee. **C**

Name of Employer MD Pathology Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 10 / 2010

Transaction ID: SA11AI.39908

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2771.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
W. James Elliott, Dr.

Mailing Address Department of Pathology  
8118 Good Luck Road

City Lanham State MD Zip Code 20706-3595

FEC ID number of contributing federal political committee. **C**

Name of Employer Doctors Community Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 30 / 2010  
Transaction ID: SA11AI.39866  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Maria Ludmila Engelbach, Dr.

Mailing Address 507 Hemlock Hill Dr

City Toms River State NJ Zip Code 08753-6755

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital San Pablo Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2010  
Transaction ID: SA11AI.39974  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Carl Evans, Dr.

Mailing Address 1006 Highway 16 South

City Fredericksburg State TX Zip Code 78624

FEC ID number of contributing federal political committee. **C**

Name of Employer Foundations Inc Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 03 / 2010  
Transaction ID: SA11AI.39959  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 850.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
D James Faix, Dr.

Mailing Address Stanford Univ School of Medicine  
3375 Hillview Ave # 5627

City Palo Alto State CA Zip Code 94304-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer Stanford Clinical Labs at Hillview Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 11 / 24 / 2010

**Transaction ID:** SA11AI.40020

Amount of Each Receipt this Period 75.00

**B.**

Full Name (Last, First, Middle Initial)  
W. Charles Ferris, Dr.

Mailing Address Dept of Pathology  
3015 N Ballas Rd

City St Louis State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Baptist Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2010

**Transaction ID:** SA11AI.39926

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Jean Forsberg, Dr.

Mailing Address PO Box 2339

City Elk City State OK Zip Code 73648-2339

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Plains Reg Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2010

**Transaction ID:** SA11AI.39875

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **525.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Almond Robert Fouty, Dr.

Mailing Address 24217 96th Place SW

City State Zip Code  
Vashon WA 98070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Med Lab Assoc Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.39910

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Mary Fowkes, Dr.

Mailing Address Apt 8 D  
215 E 95th St

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mt Sinai Schl of Med Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.39934

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Anthony Robert Frazier, Dr.

Mailing Address 733 Boush St Ste 200

City State Zip Code  
Norfolk VA 23510-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dominion Pathology Labora-  
tories Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.39867

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2725.00

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



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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
J. Michael Gandour, Dr.

Mailing Address Dept of Path/Lab  
4500 13th St

City State Zip Code  
Gulfport MS 39501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Memorial Hosp @ Gulfport Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

**Transaction ID:** SA11AI.39912

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Edward Garcia, Dr.

Mailing Address 1125 Bartow Rd  
Ste 101A

City State Zip Code  
Lakeland FL 33801-5845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Micro Path Laboratories Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.39923

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
W. Fredrick Gilkey, Dr.

Mailing Address Department of Pathology  
2401 W Belvedere Ave

City State Zip Code  
Baltimore MD 21215-5271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sinai Hosp of Baltimore Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

**Transaction ID:** SA11AI.39993

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
A Michael Gistrak, Dr.

Mailing Address Dept of Path  
865 Stone St

City State Zip Code  
Rahway NJ 07065-2742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
R Wood Johnson Univ Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

**Transaction ID:** SA11AI.39980

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
E. Patrick Godbey, Dr.

Mailing Address 203 Indigo Dr

City State Zip Code  
Brunswick GA 31525-6865

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southeastern Pathology Associates Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

**Transaction ID:** SA11AI.40001

Amount of Each Receipt this Period  
201.00

**C.** Full Name (Last, First, Middle Initial)  
T. Clarke Harding, Dr.

Mailing Address 85 Evergreen Ln

City State Zip Code  
Glen Carbon IL 62034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unaffiliated Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

**Transaction ID:** SA11AI.40076

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1801.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael Joseph Harmon, Dr.

Mailing Address 638 Rue De Muckle

City State Zip Code  
Mount Pleasant SC 29464-4364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coastal Pathology Laboratories Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.39849

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
C. Randall Hastedt, Dr.

Mailing Address 8144 Linden Leaf Circle

City State Zip Code  
Columbus OH 43235-4617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mount Carmel St. Ann's Hosp Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.39930

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
F. Chynel Henning, Dr.

Mailing Address 8822 Fry Circle

City State Zip Code  
Huntington Beach CA 92646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cyto-Path Laboratories Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39860

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
N. Gene Herbek, Dr.

Mailing Address The Pathology Center  
8303 Dodge St

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Methodist Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 15 / 2010

**Transaction ID:** SA11AI.39919

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
W. William Hinchey, Dr.

Mailing Address 601 Canterbury Hill St

City State Zip Code  
San Antonio TX 78209-2817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
unaffiliated Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2010

**Transaction ID:** SA11AI.39844

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Lee Daniel House, Dr.

Mailing Address 1000 N. 16th Street

City State Zip Code  
New Castle IN 47362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Henry County Memorial Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 23 / 2010

**Transaction ID:** SA11AI.39876

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
F Peter Jelsma, Dr.

Mailing Address 4220 Harding Pike

City State Zip Code  
Nashville TN 37205-2095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Thomas Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

**Transaction ID:** SA11AI.40013

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
H Robert Jessen, Dr.

Mailing Address 3530 Fannin St

City State Zip Code  
Beaumont TX 77701-3805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Diagnostic Pathology Associates LLP Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.39864

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Albert Edward Klein, Dr.

Mailing Address 3 Shannon Ct

City State Zip Code  
Center Moriches NY 11934-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brookhaven Memorial Hosp Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

**Transaction ID:** SA11AI.39822

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Tavia Kathy Kline, Dr.

Mailing Address 1221 South Dr

City State Zip Code  
Mt Pleasant MI 48858-3248

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Michigan Community Hospital  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2010

**Transaction ID:** SA11AI.39835

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
D Mark Kolins, Dr.

Mailing Address 3601 W. 13 Mile Road

City State Zip Code  
Royal Oak MI 48073-6769

FEC ID number of contributing federal political committee. **C**

Name of Employer William Beaumont Hosp  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2010

**Transaction ID:** SA11AI.40063

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
A. Elliot Krauss, Dr.

Mailing Address Department of Pathology  
253 Witherspoon Street

City State Zip Code  
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer UNAFFILIATED  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2010

**Transaction ID:** SA11AI.40039

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
C Frederick Lancet, Dr.

Mailing Address Department of Pathology  
2001 W 68th St

City State Zip Code  
Hialeah FL 33016-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Palmetto General Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.39956

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Alisabeth Aimee League, Dr.

Mailing Address 2904 Westcorp Blvd SW Ste 108

City State Zip Code  
Huntsville AL 35805-6437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pathology Associates PC Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 1 0

**Transaction ID:** SA11AI.39960

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ming Liu

Mailing Address 1 Brookdale Plz

City State Zip Code  
Brooklyn NY 11212-3139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brookdale Univ Hosp Med Ctr Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.39821

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
R Stephen Lyle, Dr.  
Mailing Address 156 Walnut St  
City Wellesley State MA Zip Code 02481-3335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UMass Mem Hlth Care Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 11 / 30 / 2010  
Transaction ID: SA11AI.40036  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
G. Jory Magidson, Dr.  
Mailing Address Department of Pathology  
100 Madison Ave.  
City Morristown State NJ Zip Code 07960-1956  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Morristown Memorial Hospital Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 12 / 14 / 2010  
Transaction ID: SA11AI.39929  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
E Charles Mangum, Dr.  
Mailing Address PO Box 1709  
North Texas Pathology Laboratories  
City Rowlett State TX Zip Code 75030-1709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer North Texas Path Labs Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 11 / 23 / 2010  
Transaction ID: SA11AI.39942  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00  
**TOTAL** This Period (last page this line number only) ..... ▶



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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Enrique Antonio Martinez, Dr.

Mailing Address Dept of Path  
4300 Alton Rd

City State Zip Code  
Miami Beach FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mt Sinai Med Ctr Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.39931

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
A. Carlos Mattioli, Dr.

Mailing Address 900 S. Bryan Rd.

City State Zip Code  
Mission TX 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mission Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 5 / 2 0 1 0

**Transaction ID:** SA11AI.39925

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
E. Estelle May, Dr.

Mailing Address 515 32nd Ave S

City State Zip Code  
Nashville TN 37212-3211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pathology Corp of America Southeast Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.39963

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Michael McEachin, Dr.	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address #1105 285 Centennial Olympic Pk Dr	<b>Transaction ID:</b> SA11AI.39973
	City State Zip Code Atlanta GA 30313	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Piedmont Newnan Hosp Pathologist	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) E. Roger McLendon, Dr.	Date of Receipt MM / DD / YYYY 12 / 02 / 2010
	Mailing Address Department of Pathology PO Box 3712	<b>Transaction ID:</b> SA11AI.39868
	City State Zip Code Durham NC 27710	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Duke Univ Med Ctr Pathologist	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) R. James Miller, Dr.	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 2916 S Brentwood Blvd	<b>Transaction ID:</b> SA11AI.39968
	City State Zip Code Brentwood MO 63144	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pathology Services Pathologist	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 43  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
A. Steven Mudrovich, Dr.

Mailing Address Department of Pathology  
1400 Eighth Ave

City State Zip Code  
Ft Worth TX 76104-4110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baylor-All Saints Medical Pathologist  
Center

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.39809

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
John Nachazel

Mailing Address 1401 Lachman Ln

City State Zip Code  
Pacific Palisades CA 90272-2233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
California Hosp Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.39824

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Beth Lisa Nass, Dr.

Mailing Address Cyto Dept  
8901 W Lincoln Ave

City State Zip Code  
West Allis WI 53227-2409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ACL Labs Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39788

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

P. William Newman, Dr.

Mailing Address 4625 Taft Park

City State Zip Code  
Metairie LA 70002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LSU Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.39900

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

L. Valerie Ng, Dr.

Mailing Address Clin Lab  
1411 E 31st St

City State Zip Code  
Oakland CA 94602-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alameda County Medical Center Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.39789

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

W. Sarah Olenick, Dr.

Mailing Address 6400 Clubside Dr.

City State Zip Code  
Stoney Creek NC 27377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lab Corp of America Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39890

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Soo Moon Park, Dr.		Date of Receipt
	Mailing Address 3101 Diamond Head Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Honolulu	HI	96815-4719
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.39848
Name of Employer Clinical Lab of Hawaii		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) A. James Paulson, Dr.		Date of Receipt
	Mailing Address 425 Anthwyn Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Narberth	PA	19072-2301
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.39823
Name of Employer Lankenau Hosp		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) W. Richard Pearson, Dr.		Date of Receipt
	Mailing Address Ball Mem Hosp 2401 University Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Muncie	IN	47303
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.39954
Name of Employer PA Labs LLC		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) H Karl Proppe, Dr.		Date of Receipt	
	Mailing Address 200 Corporate Pl Ste 7		M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39852
	Peabody	MA	01960-3840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Converge Diagnostic Services LLC		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Aldon Jeffrey Roberts, Dr.		Date of Receipt	
	Mailing Address Dept of Path 2900 W Oklahoma Ave		M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39799
	Milwaukee	WI	53215-4330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Aurora St Luke's Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) M Leeann Rock, Dr.		Date of Receipt	
	Mailing Address 5812 Western View Pl		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39870
	Mt Airy	MD	21771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Frederick Mem Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
R Elena Rodgers-Rieger, Dr.

Mailing Address 833 Riverbend Rd

City State Zip Code  
Oxbow ND 58047-5013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sanford Health Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.39989

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark David Rowe, Dr.

Mailing Address Charlottesville Pathology Associat  
MJH Laboratory

City State Zip Code  
Charlottesville VA 22902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martha Jefferson Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39903

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
H Thomas Rynalski, Dr.

Mailing Address Dept of Path  
4351 Tamiami Trl N

City State Zip Code  
Naples FL 34103-3106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Naples Pathology Assoc Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.39936

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
F Jay Schamberg, Dr.

Mailing Address S47 W22060 Lawnsdale Rd

City State Zip Code  
Waukesha WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aurora Health Care Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39798

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
R Carl Schaub, Dr.

Mailing Address Dept of Path  
1044 Belmont Ave Box 1790

City State Zip Code  
Youngstown OH 44501-1790

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Elizabeth Hlth Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.40005

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
L. David Scrivner, Dr.

Mailing Address Department of Pathology  
232 S. Woods Mill Road

City State Zip Code  
Chesterfield MO 63017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Luke's Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.40012

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Peter Shireman, Dr.  
Mailing Address 1774 Peck St

City State Zip Code  
Muskegon MI 49441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Westshore Diagnostics PC Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 23 / 2010  
Transaction ID: SA11AI.40062  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
J. Edward Shumski, Dr.  
Mailing Address 1103 Halstead Bayou Drive

City State Zip Code  
Ocean Springs MS 39564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Biloxi Reg Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 06 / 2010  
Transaction ID: SA11AI.39813  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
C. William Silberman, Dr.  
Mailing Address 30 Orchard Cove Ln

City State Zip Code  
Callao VA 22435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
unaffiliated Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 07 / 2010  
Transaction ID: SA11AI.40099  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
A. Steven Simon, Dr.

Mailing Address 335 Harbor Ln

City State Zip Code  
Key Biscayne FL 33149-1711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
South Dade Pathology Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

**Transaction ID:** SA11AI.39998

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
R. Jami Skrade, Dr.

Mailing Address 4672 S Farm Rd 193

City State Zip Code  
Rogersville MO 65742-9290

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Trilakes Pathology Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

**Transaction ID:** SA11AI.39856

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
E. Charles Slonaker, Dr.

Mailing Address 24410 Oaklawn Plantation Rd

City State Zip Code  
Pass Christian MS 39571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Garden Park Medical Center Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

**Transaction ID:** SA11AI.39911

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 43  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Stanley Peter Smythe, Dr.

Mailing Address Consultants in Laboratory Medici  
3170 W Central Ave

City Toledo State OH Zip Code 43606

FEC ID number of contributing federal political committee. **C**

Name of Employer The Toledo Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.39851

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
L. Susan Speaks, Dr.

Mailing Address 1133 College Avenue  
Building B

City Manhattan State KS Zip Code 66502

FEC ID number of contributing federal political committee. **C**

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.39972

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Vathany Sriganeshan

Mailing Address Blum Bldg RM 2400  
4300 Alton Rd

City Miami Beach State FL Zip Code 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer Mt Sinai Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39933

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lynn Sharon Swierczynski, Dr.

Mailing Address PO Box 16052  
6th Ave & Spruce St

City State Zip Code  
Reading PA 19612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Reading Hosp & Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.40032

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
J Michael Teaford, Dr.

Mailing Address Dept of Path  
10 Medical Park Dr

City State Zip Code  
Asheville NC 28803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pathologists Med Lab PA Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39958

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
W. George Thomas, Dr.

Mailing Address 7101 Jahnke Rd.

City State Zip Code  
Richmond VA 23225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chippenham/Johnston-Willis Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.39843

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Noel Elmer Thompson, Dr.		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address PO Box 539 12500 Willowbrook Rd		<b>Transaction ID:</b> SA11AI.40110
City Cumberland	State MD	Zip Code 21501-0539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.		Date of Receipt MM / DD / YYYY 12 / 15 / 2010
Mailing Address 2201 Carbon Hill Dr		<b>Transaction ID:</b> SA11AI.39850
City Midlothian	State VA	Zip Code 23113-2516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Commonwealth Lab Consultants	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**C.**

Full Name (Last, First, Middle Initial) Leilani Caroline Valdes, Dr.		Date of Receipt MM / DD / YYYY 12 / 15 / 2010
Mailing Address 608 W Commercial St		<b>Transaction ID:</b> SA11AI.40112
City Victoria	State TX	Zip Code 77901-6302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) N. Paul Valenstein, Dr.		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address Department of Pathology 5301 E. Huron River Drive		<b>Transaction ID:</b> SA11AI.40008		
	City Ann Arbor	State MI	Zip Code 48106-0955	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Joseph Mercy Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Dmitry Vlasoff, Dr.		Date of Receipt MM / DD / YYYY 12 / 09 / 2010		
	Mailing Address 375 Bobolink Ave		<b>Transaction ID:</b> SA11AI.39801		
	City Grafton	State WI	Zip Code 53024-1750	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Aurora St Luke's Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) M. Arthur Vogel, Dr.		Date of Receipt MM / DD / YYYY 12 / 01 / 2010		
	Mailing Address 6825 216th Street SW Suite E		<b>Transaction ID:</b> SA11AI.39858		
	City Lynnwood	State WA	Zip Code 98036-7379	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cytolab Pathology Svcs, Inc PS		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
James Michael Waldron, Dr.  
Mailing Address 1355 River Bend Dr

City State Zip Code  
Dallas TX 75247-4915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Propath Lab Inc Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2010

**Transaction ID:** SA11AI.39976

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mayhew Richard Ward, Dr.  
Mailing Address Pathology  
2000 Neuse Blvd

City State Zip Code  
New Bern NC 28560-3499

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Craven Reg Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2010

**Transaction ID:** SA11AI.39828

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Sue Deborah Wayler, Dr.  
Mailing Address 18 Rose Court Way

City State Zip Code  
East Walpole MA 02032-1185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Beth Israel Deaconess Hosp Needham Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.39812

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) L. Ronald Weiss, Dr.		Date of Receipt		
	Mailing Address Dept of Pathology 500 Chipeta Way		M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 1 0		
	City Salt Lake City	State UT	Zip Code 84108-4108	<b>Transaction ID:</b> SA11AI.39793	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00		
	Name of Employer ARUP Clinical Laboratories	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Allen William Wesche, Dr.		Date of Receipt		
	Mailing Address Dept of Pathology 2915 Missouri Ave		M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 1 0		
	City Shreveport	State LA	Zip Code 71109	<b>Transaction ID:</b> SA11AI.40027	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00		
	Name of Employer The Delta Pathology Group, LLC	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
800.00

<b>C.</b>	Full Name (Last, First, Middle Initial) L Brian Wilkinson, Dr.		Date of Receipt		
	Mailing Address Dept of Path 606 22Nd Ave S		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 1 0		
	City Meridian	State MS	Zip Code 39301-6116	<b>Transaction ID:</b> SA11AI.39865	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00		
	Name of Employer Diagnostic Tissue Cytology Grp	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

L Rebekah Wold, Dr.

Mailing Address 183 E 8th Ave

City State Zip Code  
Chico CA 95926-2341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pathology Sciences Med Group Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39967

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

A Delane Wycoff, Dr.

Mailing Address PO Box 1289

City State Zip Code  
North Platte NE 69103-1289

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pathology Services, PC Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.39970

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

F Rebecca Yorke, Dr.

Mailing Address 2504 Elmen

City State Zip Code  
Houston TX 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
unaffiliated Pathologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.39857

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

40337.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Moneris ACH Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40119</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Suntrust Account Analysis Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40120</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 50.50</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

65.50

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

65.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pioneer PAC Mailing Address 412 First Street, SE, Suite 100 City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.40118 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address P.O. BOX 7526 City LITTLE ROCK State AR Zip Code 72217 Purpose of Disbursement DEBT RETIREMENT Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.40117 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ►

10000.00

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

10000.00