FEC FORM 3X	A	EPORT O ND DISBU Other Than Ar	JRSEMI	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		E FEC MAILING LA TYPE OR PRINT	=//0	mple:If typing the lines	, type			
College of Americar	Pathologists I I I I I I	Political Action Com	1mittee					
ADDRESS (number and s	street)	350 I Street, NW						
Check if differe than previously reported. (ACC	ent L	Suite 590 Vashington 					20005	-
2. FEC IDENTIFICAT		₹ ¥	CITY 🛋		S	STATE	ZIPCO	DE 🔺
C00274944			3. IS THIS REPORT		NEW N) OR	AN (A)	MENDED)	
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) 5 Report(Q2) 1 Report(Q3) 1 Report(YE) id-Year on-election) (MY)	(b) Monthly Report Due On: (c) 12-Day PRE -Elect Report for (d) 30-Day Post -Elec Report for	the: Election on		12C)	Sep	12G) in the State o	Special (30S)
 Covering Period I certify that I have examined Type or Print Name of Transmission Signature of Treasurer 		Dr. Renee R. Ellerb) 8 my knowledge a			3 1 and complete. ate 0 1	2008	2009
NOTE : Submission of fa	alse, erroneous	s, or incomplete info	rmation may su	oject the pers	on signing this	Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20)	

FE6AN026

Image#	2993201	7351
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

١	Write or Type Committee Name College of American Pathologists Political Action Committee								
F	Repor	t Covering the Period:	From:	м м 1 1	^D 25	Y Y W Y 2008	To:	M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	0 8
						COLUMN A This Period		COLUMN B Calendar Year-to-Date	
6.	(a)	Cash on Hand January 1	ž008 [°]	Y				136336.88	
	(b)	Cash on Hand at Begining of Reporting F	Period			48316.18			
	(c)	Total Receipts (from Li	ne 19)			55310.00		571005.00	
	(d)	Subtotal (add lines 6(b)	and						
		6(c) for Column A and 6(a) and 6(c) for Colum				103626.18		707341.88	
7.	Tot	al Disbursements (from L	ine 31)			22859.22		626574.92	
8.	Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))			80766.96		80766.96	
9.	the	ots and Obligations owed committee (Itemize all or nedule C and/or Schedule	l			0.00			
10.	the	ots and Obligations owed committee (Itemize all or nedule C and/or Schedule	1		· · · · · · · · · · · · · · · · · · ·	0.00			

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

For further information contact:

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

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

FE6AN026

Image# 29932017352

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:		Го: M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	38885.00	438547.00
	12025.00	
(ii) Unitemized	13925.00	126958.00
(iii) TOTAL (add	52810.00	565505.00
Lines 11(a)(i) and (ii) 🕨		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(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) >	52810.00	565505.00
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal candidates and Other	0500.00	5500.00
Political Committees	2500.00	5500.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d),	55310.00	571005.00
12, 13, 14, 15, 16, 17, and 18(c))		
Total Federal Receipts	F50/0.00	
(subtract Line 18(c) from Line 19)	55310.00	571005.00

Image# 29932017353

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements				
П.	DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
(a) S	ting Expenditures: — — — — — — — — — — — — — — — — — — —	0.00	0.00	
(i) Federal Share	0.00	0.00	
(i	,	0.00	0.00	
()	ther Federal Operating xpenditures	359.22	10689.42	
	otal Operating Expenditures	359.22	10689.42	
•	add 21(a)(i), (a)(ii) and (b)) P ers to Affiliated/Other Party	553.22	10003.42	
	ittees	0.00	0.00	
Federa	al Candidates/Committees	22500.00	611749.09	
1. Indepe	endent Expenditure chedule E)	0.00	0.00	
5. Coordi	nated Expenditures Made by Party ittees (2 U.S.C. 441a(d))			
	chedule F)	0.00	0.00	
6. Loan F	Repayments Made	0.00	0.00	
	Made	0.00	0.00	
(a) Ir	ds of Contributions To: idividuals/Persons Other	0.00	0.00	
	han Political Committees			
	olitical Party Committees	0.00	0.00	
()	such as PACs)	0.00	0.00	
()	otal Contribution Refunds add Lines 28(a), (b), and (c)) Þ	0.00	0.00	
9. Other	Disbursements	0.00	4136.41	
	al Election Activity (2 U.S.C 431(20))			
• • •	nared Federal Election Activity om Schedule H6)			
(i) Federal Share	0.00	0.00	
(i	i) "Levin" Share	0.00	0.00	
• • •	ederal Election Activity Paid Entirely	0.00	0.00	
. ,	tal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
1. Total	Disbursements (add Lines 21(c), 22,			
	I, 25, 26, 27, 28(d), 29 and 30(c))	22859.22	626574.92	
	Federal Disbursements			
	act Line 21(a)(ii) and Line 30(a)(ii) Line 31)	22859.22	626574.92	
		22000.22		

Image# 29932017354

DETAILED SUMMARY PAGE

	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)	52810.00	565505.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	52810.00	565505.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	359.22	10689.42
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	359.22	10689.42

FE6AN026

			FOR LINE NUMBER: PAGE 6 / 44
	SCHEDULE A (FEC Form 3X)	Use separate schedu for each category of t	ile(s) (check only one)
	TEMIZED RECEIPTS	Detailed Summary Pa	age X 11a 11b 11c 12
Г	Any information conied from such Benarts and S	tatements may not be cold 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 com	imittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Poli	ical Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Louise Jeanne Ackerman, Dr.		Date of Receipt
	Mailing Address 401 Palmetto St		M M / D D / Y Y Y Y 12 29 2008
	City	State Zip Code	Transaction ID: SA11AI.31925
	New Smyrna Beach	FL 32168-7399	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Bert Fish Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500	0.00
- В.	Full Name (Last, First, Middle Initial) T. Richard Anderson, Dr.	I	Date of Receipt
	Mailing Address Path Consultants of Po 5158 Lakeshore Rd	ort Huron	M M / D D / Y Y Y Y 12 24 2008
	City	State Zip Code	Transaction ID: SA11AI.31900
	<u>Ft Gratiot</u>	MI 48059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Port Huron Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250	0.00
– c.	Full Name (Last, First, Middle Initial) F. Dale Andres, Dr.	I	Date of Receipt
	Mailing Address Department of Patholo 1000 4th Street SW	ду	M M / D D / Y Y Y Y 12 15 2008
	City Magaza City	State Zip Code	Transaction ID: SA11AI.31751
	Mason City	IA 50401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000	0.00
Γ	SUBTOTAL of Receipts This Page (optional)	I	1600.00
┝	COLICIAL OF RECEIPTS THIS T AGE (Optional)		
	TOTAL This Period (last page this line number	only)	

ļ	SCHEDULE A (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 7 / 44 (check only one)
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions
	College of American Pathologists Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) M Raja Bahu, Dr.	Date of Receipt	
	Mailing Address 440 Bracken Ln		12 29 2008
	City	State Zip Code	Transaction ID: SA11AI.31964
	Northfield	IL 60093-2901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer unaffiliated	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	—
	Primary General Other (specify) ▼	500.00	
- 3.	Full Name (Last, First, Middle Initial) F. John Bambara, Dr.	I	Date of Receipt
	Mailing Address P. O. Box 128 1133 College Ave.		M M / D D / Y Y Y Y 12 08 2008
	City	State Zip Code	Transaction ID: SA11AI.31724
	Manhattan	KS 66505-0128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Peterson Clinical Laborat-	Occupation Pathologist	
	ory Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	300.00	o l
-).	Full Name (Last, First, Middle Initial) W. Lyle Barksdale, Dr.		Date of Receipt
	Mailing Address 500 W Leota PO Box 1289		1 2 / D D / Y Y Y Y 1 2 2 3 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.31885
	North Platte	NE 69101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Pathology Services, PC	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1	850.00
┢			
L	TOTAL This Period (last page this line number	Ully)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 44 (check only one)
	TEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	ical Action	Committee	
A.	Full Name (Last, First, Middle Initial) R. Neil Bavikatty, Dr.			Date of Receipt
	Mailing Address 6527 Pine Knolls Dr			1 1 ^M ^M ^J ^D ^D ^J ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: SA11AI.31683
	Traverse City	MI	49686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Munson Med Ctr	Occupatio Patholog		_
	Receipt For:	_ _	e Year-to-Date 🔻	1
	Primary General			1
_	Other (specify) v	0 0	350.00	
D	Full Name (Last, First, Middle Initial)			Date of Receipt
В.	Scott Christopher Bee, Dr. Mailing Address 1412 Wimbledon Ct			1 2 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.31730
	Ft Collins	CO	80524	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer McKee Med Ctr	Occupatio Patholog		
	Receipt For:		e Year-to-Date V	
	Primary General	Aggregate		1
	Other (specify)	0 0	1000.00	
- С.	Full Name (Last, First, Middle Initial) W. Arthur Bracey, Dr.			Date of Receipt
	Mailing Address Department of Patholog 6720 Bertner	gy-P125E		12 ^{D D} / Y Y Y Y 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.31958
	Houston	TX	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Luke's Episcopal Hosp	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		500.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		1600.00
┝				
	TOTAL This Period (last page this line number of	only)		

~				FOR LINE NUMBER: PAGE 9/44
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page		X 11a 11b 11c 12
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	tical Action	Committee	
<i>ب</i> ے ۱.	Full Name (Last, First, Middle Initial) B. Brett Cantrell, Dr.	Date of Receipt		
	Mailing Address Dept of Path 1 SHIRCLIFF WAY.			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.32016
	Jacksonville	FL	32204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Vincent's Med Ctr	Occupation Patholog		
	Receipt For:		e Year-to-Date 🔻	-1
	Primary General		250.00	
	Other (specify)	0.0		
. —	Full Name (Last, First, Middle Initial) Aristides Pedro Carmona, Dr.	-		Date of Receipt
	Mailing Address Pathology Departmen 951 North Washingtor			M M / D D / Y Y Y Y 12 16 2008
	City	State	Zip Code	Transaction ID: SA11AI.31767
	<u>Titusville</u>	FL	32796-2194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Parrish Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		2000.00	
	Full Name (Last, First, Middle Initial) K. Sharon Casey, Dr.			Date of Receipt
	Mailing Address 16 Oak Forrest Cir			1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.32012
	Denton	ТХ	76210-5550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Presbyterian Hosp of Dent- on	Occupation Patholog		
	Receipt For:	- I	e Year-to-Date V	-1
	Primary General			
	Other (specify)		500.00	
	UBTOTAL of Receipts This Page (optional)	•		1750.00
F				
Т	OTAL This Period (last page this line number	[.] only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 10 / 44 (check only one) I1a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or e name and address of any po	r used by any perso olitical committee to	n for the purpose of soliciting contributions
	College of American Pathologists Pol	itical Action Committee		
۹.	Full Name (Last, First, Middle Initial) M Thomas Chesney, Dr.			Date of Receipt
	Mailing Address 7550 Wolf River Blvd	# 200		12 24 2008
	City	State Zip Code		Transaction ID: SA11AI.31908
	Germantown	TN 38138-17	745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Trumbull Laboratories, LLC	Occupation Pathologist		
	Receipt For: Primary General	Aggregate Year-to-Date	▼	
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) C Phillip Collins, Dr.			Date of Receipt
	Mailing Address Pathology Departmer 12221 N. Mopac Exp			12 D D / Y Y Y Y 12 29 2008
	City	State Zip Code		Transaction ID: SA11AI.31946
	Austin	TX 78758		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer North Austin Med Ctr	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date	▼	_
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) C Carol Cooke-Dittmann, Dr.	1		Date of Receipt
	Mailing Address Dept of Path 3401 W Gore Blvd			M M / D D / Y Y Y Y 12 29 2008
	City	State Zip Code		Transaction ID: SA11AI.31932
	Lawton	OK 73502		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Comanche County Mem Hosp	Occupation Pathologist	_	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	400.00	
	SUBTOTAL of Receipts This Page (optional).	I		1000.00
	FOTAL This Period (last page this line number			

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule	e(s) FOR LINE NUMBER: PAGE 11 / 44 (check only one)
1	TEMIZED RECEIPTS	for each category of th	
_		Detailed Summary Pag	ge 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by ar name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Polit	cal Action Committee	
× .	Full Name (Last, First, Middle Initial) L Gary Cooper, Dr.	Date of Receipt	
	Mailing Address 501 20th St Ste G3		1 2 / D D / Y Y Y Y 1 6 / 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.31762
	Knoxville	TN 37916-1890	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Innovative Pathology Serv-	Occupation	
	ices	Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date	
	Other (specify)	2000.	00
-	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.		Date of Receipt
	Mailing Address 5620 East El Parque S	treet	1 2 2 9 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.31927
	Long Beach	CA 90815-4129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Centinela Hosp Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		0 0 0
	Other (specify)	500.	00
-	Full Name (Last, First, Middle Initial) P. James Craig, Dr.		Date of Receipt
	Mailing Address Pathology Department 900 East Oak Hill Aver	ue	12 10 Y Y Y Y 12 10 2008
	City	State Zip Code	Transaction ID: SA11AI.31737
	Knoxville	TN 37917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer St. Mary's Health System	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	750.	00
Γ	SUBTOTAL of Receipts This Page (optional)		2000.00
┢			
	TOTAL This Period (last page this line number	only)	

-				
Ş	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/44 (check only one)
ľ	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politi	ical Action (Committee	
<i>ب</i> د.	Full Name (Last, First, Middle Initial) L. Jeffrey Craver, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 200 Portland St			12 / 28 / Y Y Y Y 12 008
	City	State	Zip Code	Transaction ID: SA11AI.31921
	Columbia	MO	65201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Patholog		
	Receipt For:	- ·	Year-to-Date V	1
	Primary General	33 - 3-10		1
	Other (specify)	0 0	350.00	
. –	Full Name (Last, First, Middle Initial) S George Csathy, Dr.			Date of Receipt
	Mailing Address 989 Quivera St.			M M / D D / Y Y Y Y Y 12 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.31718
	Laguna Beach	CA	92651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer US Labs	Occupation Patholog		
	Receipt For:	· ·	Year-to-Date 🔻	
	Primary General Other (specify) v		300.00]
-	Full Name (Last, First, Middle Initial) Patrawadee Duangjak			Date of Receipt
-	Mailing Address Department of Patholog 13207 Ravenna Road	ду		M M / D D / Y Y Y Y 12 28 2008
	City	State	Zip Code	Transaction ID: SA11AI.31924
	Chardon	OH	44024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer UHHS Geauga Regional Hosp	Occupation Patholog		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
Γ	SUBTOTAL of Receipts This Page (optional)			500.00
┢			,	
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 44 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) S Barbara Ducatman, Dr.			Date of Receipt
	Mailing Address Dept of Path Health Sciences Ctr No	orth		1 2 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.31962
	Morgantown	WV	26506-9203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Virginia Univ HSC	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	500.00	
- В.	Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr.			Date of Receipt
	Mailing Address Department of Patholo 1783 El Camino Real			1 2 / D D / Y Y Y Y 1 3 / 2 0 0 8
	City Burlingame	State CA	Zip Code 94010	Transaction ID: SA11AI.31748 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Peninsula Med Ctr	Occupatio Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	500.00	
– C.	Full Name (Last, First, Middle Initial) E. Randy Eckert			Date of Receipt
	Mailing Address 6308 Northgrove Road			M M / D D / Y Y Y Y 12 28 2008
	City	State	Zip Code	Transaction ID: SA11AI.31923
	Austin	TX	78731-3725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer North Austin Med Ctr	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 500.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only)		

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/44 (check only one) 11a X 11a 13 14 15 16 17
Any informat or for comm	tion copied from such Reports and S ercial purposes, other than using the	Statements may	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	F COMMITTEE (In Full) of American Pathologists Polit	tical Action C	committee	
	e (Last, First, Middle Initial) Eisenstein, Dr.	Date of Receipt		
Mailing A	ddress Department of Patholo 1 Medical Village Drive			M M / D D / Y Y Y Y 12 11 2008
City	-	State	Zip Code	Transaction ID: SA11AI.31743
Edgewo		KY	41017	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		250.00
Name of St. Elizat	Employer beth Med Ctr	Occupation Pathologis		_
Receipt F		Aggregate	Year-to-Date 🔻	
	mary General ner (specify) 🔻	0 0	250.00]
	e (Last, First, Middle Initial) / Evanger, Dr.			Date of Receipt
Mailing A	ddress Department of Patholo 1650 Cowles Street	ogy		M M M / D D / Y Y Y Y Y 12 23 2008
City <u>Fairban</u>	lie.	State	Zip Code	Transaction ID: SA11AI.31882
FEC ID r	number of contributing olitical committee.	AK	99701	Amount of Each Receipt this Period
Name of Fairbanks	Employer s Memorial Hosp	Occupation Pathologis		
Receipt F		Aggregate	Year-to-Date 🔻	
	mary General ner (specify) v	0 0	500.00]
Full Nam	e (Last, First, Middle Initial) rans, Dr.			Date of Receipt
Mailing A	ddress 9600 Datapoint Dr			M M / D D / Y Y Y Y 12 09 2008
City	_	State	Zip Code	Transaction ID: SA11AI.31727
San An		TX	78229-2028	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		500.00
Name of Path Ref	Employer Lab	Occupation Pathologis		
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 650.00]
SUBTOTA	L of Receipts This Page (optional)			1000.00
TOTAL Th	is Period (last page this line number	only)	······	

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 15 / 44 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} (1100000000000000000000000000000000000$
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) Lee Cynthia Foss-Bowman, Dr.		Date of Receipt
Mailing Address CH20 Clinical Lab 27005 76th Ave		M M / D D / Y Y Y Y 12 29 2008
City	State Zip Code	Transaction ID: SA11AI.31942
New Hyde Park FEC ID number of contributing federal political committee.	NY 11040-1402	Amount of Each Receipt this Period
Name of Employer Long Island Jewish Med Ctr	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Ray Franklin, Dr.		Date of Receipt
Mailing Address Department of Patho 1414 S Orange Ave		12 ^{//} 29 [/] 2008
City Orlando	State Zip Code FL 32806-2093	Transaction ID: SA11AI.31947
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Orlando Regional Med Ctr	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A. Robert Frazier, Dr.		Date of Receipt
Mailing Address 801 Boush St		M M / D D / Y Y Y Y 12 08 2008
City	State Zip Code	Transaction ID: SA11AI.31719
Norfolk FEC ID number of contributing federal political committee.	VA 23510	Amount of Each Receipt this Period 2500.00
Name of Employer Dominion Pathology Labora- tories	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line numb		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	tical Action Committee	
A.	Full Name (Last, First, Middle Initial) Joseph Edward Garcia, Dr.		Date of Receipt
	Mailing Address 1125 Bartow Rd Ste 101A		12 / D D / Y Y Y Y 12 17 2008
	City	State Zip Code	Transaction ID: SA11AI.31784
	Lakeland	FL 33801-5845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Micro Path Laboratories	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) E. Fred Gilbert, Dr.		Date of Receipt
	Mailing Address 1 Pine Hollow Dr		M M / D D / Y Y Y Y 12 22 2008
	City	State Zip Code	Transaction ID: SA11AI.31873
	Newnan FEC ID number of contributing federal political committee.	GA 30263	Amount of Each Receipt this Period
	Name of Employer Newnan Hospital - West	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1050.00]
- C.	Full Name (Last, First, Middle Initial) P Steven Goetz, Dr.	1	Date of Receipt
	Mailing Address Dept of Path 1000 Fourth St SW		M + M / D + D / Y + Y + Y Y 12 08 2008
	City	State Zip Code	Transaction ID: SA11AI.31722
	Mason City FEC ID number of contributing	IA 50401-2800	Amount of Each Receipt this Period
	federal political committee.		250.00
	Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	· ······	800.00
	TOTAL This Period (last page this line number	only)	

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	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	tical Action	Committee	
∡	Full Name (Last, First, Middle Initial) W. Herschel Gordon, Dr.			Date of Receipt
	Mailing Address Ukiah Valley Med Ctr L 275 Hospital Dr	_ab		M M / D D / Y Y Y Y 12 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.31968
	Ukiah	CA	95482	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Unaffiliated	Occupation Patholog		
	Receipt For:	1	e Year-to-Date 🔻	-1
	Primary General	, iggi egai		1
	Other (specify)		600.00	1
-	Full Name (Last, First, Middle Initial) K. Gregory Haake, Dr.			Date of Receipt
-	Mailing Address 1000 E Primrose Ste 3	800		M M / D D / Y Y Y Y 12 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.32010
	<u>Springfield</u>	MO	65807-5178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Pathology Services of Spr-	Occupatio		7
	ingfield	Patholog	-	_
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	-
	Other (specify) ▼		250.00	
-	Full Name (Last, First, Middle Initial) E Richard Halbert, Dr.	1		Date of Receipt
•	Mailing Address 1801 16th St # DEPAF	RT		1 2 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.31983
	Greeley	CO	80631-5154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer North Colorado Med Ctr	Occupation Patholog		_
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	500.00]
Γ		I		850.00
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
۷ ۹.	Full Name (Last, First, Middle Initial) H. M. Elizabeth Hammond, Dr. Mailing Address Dept of Pathology 8th Ave and C St City	State Zip Code	Date of Receipt
	Salt Lake City FEC ID number of contributing federal political committee.	UT 84143	Amount of Each Receipt this Period
	Name of Employer LDS Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	-
— В.	Full Name (Last, First, Middle Initial) C. Randall Hastedt, Dr. Mailing Address 8144 Linden Leaf Circle	9	Date of Receipt
	City <u>Columbus</u> FEC ID number of contributing federal political committee.	State Zip Code OH 43235-4617	Transaction ID: SA11AI.31726 Amount of Each Receipt this Period 150.00
	Name of Employer Mount Carmel St. Ann's Ho- <u>sp</u> Receipt For: Primary General Other (specify) v	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) E. James Haswell, Dr. Mailing Address Dept of Pathology 130 Division Street		Date of Receipt
	City Derby FEC ID number of contributing federal political committee.	State Zip Code CT 06418	Transaction ID: SA11AI.31937 Amount of Each Receipt this Period 1000.00
	Name of Employer Griffin Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1400.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee	
A.	Full Name (Last, First, Middle Initial) C. Teresa Hayes, Dr.		Date of Receipt
	Mailing Address 7700 Floyd Curl Dr # I	AB	12 29 Y Y Y Y 12 29 2008
	City	State Zip Code	Transaction ID: SA11AI.31954
	San Antonio	TX 78229-3902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) Lloyd Tommy Hewett, Dr.		Date of Receipt
	Mailing Address 3000 United Founders	Blvd Ste 234	12 18 2008
	City	State Zip Code	Transaction ID: SA11AI.31796
	Oklahoma City	OK 73112-4290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Ameripath Oklahoma	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) Burnett John Holt, Dr.		Date of Receipt
	Mailing Address Dept of Path and Lab 200 Hawthorne Ln	Med	M M / D D / Y Y Y Y 111 30 2008
	City	State Zip Code	Transaction ID: SA11AI.31684
	Charlotte	NC 28233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Presbyterian Hosp	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1250.00
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Ģ	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 20 / 44
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	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Pol	itical Action Committee	
۸.	Full Name (Last, First, Middle Initial) Jose Orlando Icaza, Dr.		Date of Receipt
	Mailing Address 1456 Williams St		M M / D D / Y Y Y Y Y 12008
	City	State Zip Code	Transaction ID: SA11AI.31709
	Leesburg	FL 34748-3824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Leesburg Reg Med Ctr	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00]
-	Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr.		Date of Receipt
	Mailing Address Pathology & Clinical I 725 North Street		M M M / D D / Y Y Y Y Y 12 17 2008
	City	State Zip Code	Transaction ID: SA11AI.31773
	Pittsfield	MA 01201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Berkshire Health Systems	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	2000.00]
. –	Full Name (Last, First, Middle Initial) O. Dervila Jonas, Dr.		Date of Receipt
	Mailing Address 418 Mosby Dr. S.W.		M M / D D / Y Y Y Y 12 11 22 2008
	City	State Zip Code	Transaction ID: SA11AI.31741
	Leesburg	VA 20175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Inova Loudoun Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	250.00]
Γ	SUBTOTAL of Receipts This Page (optional).		1500.00
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	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	tical Action (Committee	
4.	Full Name (Last, First, Middle Initial) H Richard Knierim, Dr.	Date of Receipt		
	Mailing Address 1124 Columbia St Ste	200		12 D D / Y Y Y Y 23 2008
	City	State	Zip Code	Transaction ID: SA11AI.31881
	Seattle	WA	98104-2048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CellNetix Path & Labs	Occupation Patholog		
	Receipt For:	1 I	e Year-to-Date V	
	Primary General	Aggregate		-
	Other (specify)	0 0	1000.00	
- 3.	Full Name (Last, First, Middle Initial) Gapuz Atilano Lacson, Dr.			Date of Receipt
	Mailing Address 801 6th St S			M M / D D / Y Y Y Y 12 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.32056
	Saint Petersburg	FL	33701-4899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		-100.00
	Name of Employer All Children's Hosp	Occupation Patholog		Refunded Contribution
	Receipt For:	_ · · · · · · · ·	e Year-to-Date V	
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	Other (specify)	0 0	-100.00	
-).	Full Name (Last, First, Middle Initial) D. George Leidel, Dr.			Date of Receipt
	Mailing Address Department of Patholo 3600 S. Highlands Ave	ogy enue		M M / D D / Y Y Y Y 12 18 2008
	City	State	Zip Code	Transaction ID: SA11AI.31814
	Sebring	FL	33870-3331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Highlands Reg Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	600.00]
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Arry information copied from such Reports and Statements may reb te sold or used by any person for the purpose of soliciting contributions. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee For Micrometrical purposes. Meridian Health System Date of Receipt Maiing Address. Pecipt For: Pathologist Receipt For: Pathologist Pathologist Receipt For: Pathologist Picerial Committee. City State Zip Code Maiing Address. Pathologist Receipt For: Aggregate Year-to-Date V Pathologist State <t< th=""><th>I</th><th>TEMIZED RECEIPTS</th><th></th><th></th><th></th></t<>	I	TEMIZED RECEIPTS						
College of American Pathologists Political Action Committee A. Full Name (Last, First, Middle Initial) Edwin Leachhom Dept of Pathology Date of Receipt Transaction ID: SA11AL31987 A. Maing Address Maridadess Meridian Health System Dept of Pathology Date of Receipt Transaction ID: SA11AL31987 Receipt Fic: Primery Pathologist C Amount of Each Receipt this Period Nume of Employee Pathologist C Aggregate Year-to Date B. Full Name (Last, First, Middle Initial) Edgar John Lewis, Dr. Date of Receipt Mailing Address 7412 Perfect Dr Transaction ID: SA11AL31887 City State Zip Code Mailing Address 7412 Perfect Dr Transaction ID: SA11AL31887 City State Zip Code Amount of Each Receipt Ihis Period FEC ID number of contributing feedral political committee C Aggregate Year to Date Transaction ID: SA11AL31887 Pathologist Pathologist Pathologist Pathologist Transaction ID: SA11AL31887 Political committee C State Zip Code Transaction ID: SA11AL31887 Child Americ (Last, First, Middle Initial) Aggregate Year to Date Transaction ID: SA11AL314588 Mat		Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting of						
A. Full Name (Last, First, Middle Initial) Edwin Leschhom Date of Receipt Mailing Address Maridian Health System Dept of Pathology State City State Red Bank NJ PEC ID number of contributing C Image: State Cocupation Parter der Medical Center Pathologist Receipt For: Occupation Pathologist Aggregate Year-to-Date Mailing Address 7412 Perfect Dr City State Zip Code Mailing Address Pathologist Aggregate Year-to-Date Transaction ID: SA11AL31887 Amount of Each Receipt His Period Image: Pathologist B. Edgar-dom Lewis, Dr. Mailing Address 7412 Perfect Dr City State Zip Code Durant Occupation Pathologist Polon Receipt For: Polon Polon (respectify) State Polon (respectify) State Polon (respectify) State Polon (respectify) State		NAME OF COMMITTEE (In Full)						
A. Edwin Leschhom Date of Receipt Mailing Address Maridian Health System Difference Digt of Pathology State Zip Code City State Zip Code Peed Bank NJ 07701-7701 FEC ID number of contributing federal political committee. C Immunol of Each Receipt in Period Note of Receipt C Immunol of Each Receipt in Period Peederal political committee. Occupation Period Pathologist Aggregate Year-to-Date V Immunol of Each Receipt in Period B. Edgar John Lewis, Dr. Date of Receipt in Period Immunol of Each Receipt in Period City State Zip Code Immunol of Each Receipt in Period Mailing Address 7412 Perfect Dr Immunol of Each Receipt in Period City State Zip Code Immunol of Each Receipt in Period Pathologist Aggregate Year-to-Date V Immunol of Each Receipt in Period Num of Each Receipt in Period C Immunol of Each Receipt in Period Num of Each Receipt in Period C Immunol of Each Receipt in Period Num of Each Receipt in Period Site Zip Co		College of American Pathologists Polit	ical Action	Committee				
Dept of Pathology State Zip Code City State Zip Code Red Bank NJ 07201-7201 FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Period Name of Employer Reverview Medical Center Pathologist Aggregate Year-to-Date ▼ 1000.00 Receipt For: Occupation Pathologist Aggregate Year-to-Date ▼ 12.2.0.8 B. Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 12.2.0.8 City State Zip Code 12.2.0.8 Date of Receipt Mailing Address 7412 Perfect Dr 1000.00 12.2.0.8 City State Zip Code 12.3.0 2.0.0.8 Date of Receipt Imiseria OK 74701-8449 Transaction ID: SA11AL31887 Annount of Each Receipt Imis Period Tassonation ID: SA11AL31887 Annount of Each Receipt Imiseria Name of Employer Occupation Pathologist Pathologist Pathologist Receipt For: Po Box 925 Other (specify) ▼ Date of Receipt Mailing Address 1430 W. C St P O Box 925 Po Box 925 Po Box 925 Po Box 925 Po Box 925	A.				Date of Receipt			
Red Bank NJ 07701-7701 Amount of Each Receipt this Period FEC ID number of contributing federal policial committee. C 1000.00 Name of Employer Receipt For: Other (specify) ♥ C 1000.00 B. Fight Por: Other (specify) ♥ Date of Receipt Malling Address 7412 Perfect Dr 0 City State Zip Code Durant OK 74701-8449 FEC ID number of contributing federal policial committee. C Pathologist C Name of Employer 			n		12 30 2008			
FEC ID number of contributing tederal political committee. C 1000.00 Name of Employer Reverview Medical Conter Pathologist Pathologist Receipt For:				•	Transaction ID: SA11AI.31987			
federal political committee. C 1000.00 New cycle Kmodela Center Pathologist Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) ▼ Image of Engloyer Date of Receipt Mailing Address 7412 Perfect Dr Image of Engloyer City State Zip Code Name of Engloyer Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Occupation Primary General Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Occupation Pathologist Receipt For: Po Box 925 State Zip Code Transaction ID: SA11Al.31688 Mailing Address 1430 W. C St PO Box 925 Po Box 925 Transaction ID: SA11Al.31688 Pathology Sterves Lab, PA Pathology Sterves Lab, PA Pathology Sterves Lab, PA Pathologist Par		Red Bank	NJ	07701-7701	Amount of Each Receipt this Period			
Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Primary General 1000.00 B. Full Name (Last, First, Middle Initial) Edgar John Lewis, Dr. Mailing Address 7412 Perfect Dr 12 3 / 2 0 0 8 City State Zip Code Durant OK 74701-8449 FEC: ID number of contributing C Aggregate Year-to-Date Temsection ID: SA11AL31887 Amount of Each Receipt His Period Tesceipt For: Occupation Primary General Other (specify) ♥ Occupation Aggregate Year-to-Date ▼ Primary General Other (specify) ♥ State Zip Code Pinary General Occupation Pathologist Aggregate Year-to-Date Mailing Address 1430 W.C St P O Box 925 City City State Zip Code Mailing Address Aggregate Year-to-Date Mail of Address P O Box 925 City State Zip Code Receipt For: Po Box 925 City <th></th> <th></th> <th>С</th> <th></th> <th>1000.00</th>			С		1000.00			
Primary General Other (specify) ▼ 1000.00 B. Full Name (Last, First, Middle Initial) Edgar John Lewis, Dr. Mailing Address Mailing Address 7412 Perfect Dr City State Durant OK 74701-8449 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Occupation Pathologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Mailing Address 1320 W. C St PO Box 925 City City State Zip Code Mailing Address 1430 W. C St PO Box 925 City City State Zip Code Receipt Her AR 72811-0925 FEC ID number of contributing federal political committee. C Mailing Address 1430 W. C St PO Box 925 City State Zip Code Transaction ID: SA11Al.31688 Amount of Each Receipt Imary General Occupation Pathologist PA <td< th=""><th></th><th>Name of Employer Riverview Medical Center</th><th></th><th></th><th></th></td<>		Name of Employer Riverview Medical Center						
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\sum	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	itical Action Committee	
<u>لا</u> م.	Full Name (Last, First, Middle Initial) Luisa Marlene Magrini-Greyson, Dr.		Date of Receipt
	Mailing Address Path Lab 1000 N Lee Ave		12 ^{//} 11 ^{//} 2008
	City	State Zip Code	Transaction ID: SA11AI.31744
	Oklahoma City FEC ID number of contributing federal political committee.	OK 73102-1080	Amount of Each Receipt this Period 250.00
	Name of Employer St. Anthony Hosp	Occupation Pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) A. Paul Malek, Dr.		Date of Receipt
	Mailing Address Department of Pathole 3501 Johnson St		12 ^{//} 10 [/] 2008
	City Hollywood	State Zip Code FL 33021	Transaction ID: SA11AI.31732
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Memorial Regional Hosp	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Louis Jonathan Myles, Dr.	1	Date of Receipt
	Mailing Address Department Anatomic 9500 Euclid Avenue	Pathology	M M / D D / Y Y Y Y 12 26 2008
	City	State Zip Code	Transaction ID: SA11AI.31918
	Cleveland FEC ID number of contributing federal political committee.	OH 44195-5138	Amount of Each Receipt this Period
	Name of Employer Cleveland Clinic Foundati- on	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
S	UBTOTAL of Receipts This Page (optional)	· ·····	850.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 44 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 1 ¹
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol		
Z	Full Name (Last, First, Middle Initial)		
•	S. Thomas Namiki, Dr. Mailing Address Department of Pathol 1301 Punchbowl St	ogy	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.31749
	Honolulu	HI 96813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer The Queens Med Ctr	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	250.00	
-	Full Name (Last, First, Middle Initial) G. John Newby, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 11110 Medical Camp		M M / D D / Y Y Y Y 12 / 24 / 2008
	City	State Zip Code	Transaction ID: SA11AI.31898
	Hagerstown FEC ID number of contributing federal political committee.	MD 21742-6727	Amount of Each Receipt this Period
	Name of Employer Washington County Health System	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2500.00	
_	Full Name (Last, First, Middle Initial) E. Russell Newkirk, Dr.	1	Date of Receipt
	Mailing Address Dept of Pathology 315 S Manning Blvd		M M / D D / Y Y Y Y 12 29 2008
	City	State Zip Code	Transaction ID: SA11AI.31959
	Albany	NY 12208-1707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer St Peter's Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Γ			2850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 44 (check only one) X X 11a 11b 11c 12 13 14 15 16 11							
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NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee								
Full Name (Last, First, Middle Initial) J Lyle Noordhoek, Dr.		Date of Receipt							
Mailing Address 207A E. 7th St.		M M / D D / Y							
City	State Zip Code	Transaction ID: SA11AI.31976							
Hays	KS 67601	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	400.00							
Name of Employer Central Plains Laboratori- es LLC	Occupation Pathologist								
Receipt For:	Aggregate Year-to-Date V	1							
Primary General Other (specify) ▼	400.00								
Full Name (Last, First, Middle Initial) J. Michael O'Brien, Dr.		Date of Receipt							
Mailing Address Department of Pat 774 Albany St	hology	M M / D D / Y Y Y Y 12 17 2008							
City	State Zip Code	Transaction ID: SA11AI.31774							
Boston FEC ID number of contributing federal political committee.	MA 02118	Amount of Each Receipt this Period							
Name of Employer Boston Med Ctr	Occupation Pathologist	-							
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Primary General Other (specify) ▼	250.00								
Full Name (Last, First, Middle Initial) N. Ronald Padgett, Dr.		Date of Receipt							
Mailing Address PO Box 1089 419 E Prudhomme	e St	M M / D D / Y Y Y Y 12 18 2008							
City	State Zip Code	Transaction ID: SA11AI.31826							
Opelousas	LA 70571	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	750.00							
Name of Employer Pecot & Padgett APMC	Occupation Pathologist								
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Primary General Other (specify) ▼	750.00								
SUBTOTAL of Receipts This Page (option	nal)	1250.00							
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Mailing Address 344 S Patterson Ave Ste 207 City State Zip Code Santa Barbara CA 93111 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Santa Barbara Pathology Lab Occupation Pathologist Aggregate Year-to-Date ✓ Primary General 250.00 600.00 SUBTOTAL of Receipts This Page (optional)	_	Full Name (Last, First, Middle Initial) C. Gary Ponto, Dr.	1		Date of Receipt
City State Zip Code Transaction ID: SA11AI.31714 Santa Barbara CA 93111 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer Santa Barbara Pathology Lab Occupation Pathologist 250.00 Receipt For: Aggregate Year-to-Date ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 600.00 600.00			ite 207		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Santa Barbara Pathology Lab Occupation Pathologist 250.00 Receipt For: Aggregate Year-to-Date ▼ 000000000000000000000000000000000000		•		•	Transaction ID: SA11AI.31714
federal political committee. 230.00 Name of Employer Santa Barbara Pathology Lab Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 600.00			CA	93111	Amount of Each Receipt this Period
Santa Barbara Pathology Pathologist Lab Aggregate Year-to-Date Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 600.00		federal political committee.			250.00
Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 600.00		Santa Barbara Pathology			
Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 600.00		Receipt For:	Aggregate	e Year-to-Date 🔻	
				250.00]
	Γ	SUBTOTAL of Receipts This Page (optional)	I		600.00
	F			•	

SCHEDULE A (FEC Form 3)	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 44 (check only one)				
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee					
Full Name (Last, First, Middle Initial) D. Mark Pool. Dr.		Date of Receipt				
Mailing Address Department of Pat 350 N Wall Street	hology	1 2 0 1 2 0 0 8				
City	State Zip Code	Transaction ID: SA11AI.31689				
Kankakee	IL 60901-2901	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		500.00				
Name of Employer Riverside Med Ctr	Occupation Pathologist	-				
Receipt For:	Aggregate Year-to-Date ▼	1				
Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) L. Edward Proctor, Dr.		Date of Receipt				
Mailing Address 10 Chapin Circle		M · M / D · D / Y · Y · Y · Y Y 12 29 2008				
City	State Zip Code	Transaction ID: SA11AI.31936				
Myrtle Beach	SC 29572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Grand Strand Reg Med Ctr	Occupation Pathologist	-				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial) Arundhati Rao		Date of Receipt				
Mailing Address Department of Pat 2401 S 31st Street	hology	M M M / D D / Y Y Y Y 12 19 2008				
City	State Zip Code	Transaction ID: SA11AI.31855				
Temple	TX 76508	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Scott and White Memorial Hosp	Occupation Pathologist					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify) ▼	250.00					
	al)	850.00				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 44 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli		
2 A.	Full Name (Last, First, Middle Initial) Carlos Luis Rey-Martinez, Dr.		Date of Receipt
	Mailing Address Department of Patholo 2001 W 68th St	рду	M M / D D / Y Y Y Y 12 18 2008
	City	State Zip Code	Transaction ID: SA11AI.31825
	Hialeah FEC ID number of contributing federal political committee.	FL 33016-1801	Amount of Each Receipt this Period
	Name of Employer Palmetto General Hosp	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) G Victoria Reyes, Dr. Mailing Address Dept of Pathology	1	Date of Receipt
	365 Montauk Ave		1 2 / D D / Y Y Y Y 1 8 2008
	City New London	State Zip Code CT 06320-4700	Transaction ID: SA11AI.31817 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Lawrence & Memorial Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
– C.	Full Name (Last, First, Middle Initial) E. William Roberts, Dr.	1	Date of Receipt
	Mailing Address William E Roberts & A 1240 Southampton Dr		M M / D D / Y Y Y Y 12 31 2008
	City Alexandria	State Zip Code LA 71303	Transaction ID: SA11AI.32025
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Unaffiliated	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	·	800.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 44 (check only one)			
Any information copied from such Repor or for commercial purposes. other than ι	ts and Statements may not be sold or used by any persor using the name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) College of American Pathologis	с ў.				
Full Name (Last, First, Middle Initial) E. Ronald Rocha, Dr.		Date of Receipt			
Mailing Address 3701 S Higuera	Mailing Address 3701 S Higuera St Ste 200				
City	State Zip Code	Transaction ID: SA11AI.31704			
San Luis Obispo	CA 93401	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Central Coast Pathology Consultants	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date ▼	_			
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) A Thomas Roisum, Dr.		Date of Receipt			
Mailing Address 6000 Hospital E	Dr	M M / D D / Y Y Y Y 12 20 2008			
City	State Zip Code	Transaction ID: SA11AI.31861			
<u>Hannibal</u>	MO 63401	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Hannibal Reg Hosp	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) R Mary Schwartz, Dr.		Date of Receipt			
Mailing Address Dept of Path MS 205		1 2 / 1 7 / Y Y Y Y 1 2 0 0 8			
City	State Zip Code	Transaction ID: SA11AI.31794			
Houston	TX 77030-2703	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer The Methodist Hosp	Occupation Pathologist				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	1000.00				
SUBTOTAL of Receipts This Page (op	tional)	1750.00			
	number only)				

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 44
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polition	cal Action	Committee	
۹.	Full Name (Last, First, Middle Initial) Edward Louis Seibert, Dr.			Date of Receipt
	Mailing Address 108 Buckhaven Court			1 2 / D D / Y Y Y Y 1 2 1 8 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.31839
	Hendersonville	TN	37075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sumner Regional Med Ctr	Occupation Patholog		
	Receipt For:		e Year-to-Date V	-
	Primary General	00 - 0	250.00	1
	Other (specify)	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) S Gregory Severson, Dr.			Date of Receipt
	Mailing Address 1907 S 182nd Circle			M M / D D / Y Y Y Y 12 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.31854
	Omaha	NE	68130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Alegent Health Lakeside	Occupatio		
	Hosp	Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)	0 0	600.00	
-).	Full Name (Last, First, Middle Initial) M. Kris Shekitka, Dr.			Date of Receipt
	Mailing Address Depatment of Pathology 900 S Caton Ave	у		M M / D D / Y Y Y Y 12 11 2 2008
	City	State	Zip Code	Transaction ID: SA11AI.31742
	Baltimore	MD	21229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Agnes Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00]
Γ	I SUBTOTAL of Receipts This Page (optional)			850.00
┢				
	TOTAL This Period (last page this line number o	oniy)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 44 (check only one)			
Any information copied from such Report or for commercial purposes, other than us	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee				
Full Name (Last, First, Middle Initial) L. Howard Siegel, Dr.		Date of Receipt			
Mailing Address Department of F 6701 N. Charles	M M / D D / Y Y Y Y 12 08 2008				
City	State Zip Code	Transaction ID: SA11AI.31720			
Baltimore	MD 21204	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		500.00			
Name of Employer Greater Baltimore Med Ctr	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Perry Daniel Snower, Dr.		Date of Receipt			
Mailing Address Laboratory 22101 Moross F	Road	M M / D D / Y Y Y Y 12 02 2008			
City	State Zip Code	Transaction ID: SA11AI.31696			
Detroit FEC ID number of contributing federal political committee.	MI 48236	Amount of Each Receipt this Period			
Name of Employer St. John Hosp and Med Ctr	Occupation Pathologist	1			
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) N Gregory Sossaman, Dr.		Date of Receipt			
Mailing Address 1514 Jefferson I	Hwy	M M / D D / Y Y Y Y 12 16 2008			
City	State Zip Code	Transaction ID: SA11AI.31766			
New Orleans	LA 70121-2483	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Ochsner Clinic Foundation	Occupation Pathologist]			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
SUBTOTAL of Receipts This Page (opt	ional)	1000.00			
	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 32/44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and So or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any perso ldress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action	Committee	
۷ A.	Full Name (Last, First, Middle Initial) G. Ronald Stockstill, Dr.	Date of Receipt		
	Mailing Address 11350 Glen Birnham			M M / D D / Y Y Y Y 111 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.31678
	Eads FEC ID number of contributing federal political committee.	TN	38028-6932	Amount of Each Receipt this Period 500.00
	Name of Employer St Francis Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	_ · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 500.00]
- B.	Full Name (Last, First, Middle Initial) D. Jason Sutherland, Dr. Mailing Address Laboratory			Date of Receipt
	501 East Hampden	01-1-	Zin Cada	12 31 2008
	City Englewood	State CO	Zip Code 80110	Transaction ID: SA11AI.32005 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HealthOne Swedish Med Ctr	Occupation Patholog	gist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
- C.	Full Name (Last, First, Middle Initial) Leah Kelley Taylor, Dr.			Date of Receipt
	Mailing Address 1602 Hatcher Ln			M M / D D / Y Y Y Y 12 24 2008
	City	State	Zip Code	Transaction ID: SA11AI.31902
	Columbia FEC ID number of contributing federal political committee.	TN C	38401-4827	Amount of Each Receipt this Period 250.00
	Name of Employer Pathology Corp of America Southeast	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	_ · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 250.00]
ſ	SUBTOTAL of Poppints This Page (optional)			1000.00
F	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	oniy)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	I Statements may not he name and address	be sold or used by any perso of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Com	mittee	
A.	Full Name (Last, First, Middle Initial) J. Michael Waldron, Dr.			Date of Receipt
	Mailing Address Department of Patho 8267 Elmbrook	12 05 Y Y Y Y Y 12 05		
	City Dallas	State TX	Zip Code	Transaction ID: SA11AI.31713
	FEC ID number of contributing federal political committee.		75247-5247	Amount of Each Receipt this Period
	Name of Employer Propath Laboratory, Inc.	Occupation Pathologist		-
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date V 750.00]
- B.	Full Name (Last, First, Middle Initial) J. David Walker	1		Date of Receipt
	Mailing Address Dept of Path 310 Sunnyview Ln			1 2 / 2 9 / Y Y Y Y 1 2 0 0 8
	City Kalispell	State MT	Zip Code 59901-3129	Transaction ID: SA11AI.31940 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kalispell Regional Med Ctr	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00]
- C.	Full Name (Last, First, Middle Initial) Lewis Leslie Walters, Dr.			Date of Receipt
	Mailing Address 5604 Banister Ct			M M / D D / Y Y Y Y 12 22 2008
	City		Zip Code	Transaction ID: SA11AI.31872
	Plano FEC ID number of contributing federal political committee.	TX C	75093-4227	Amount of Each Receipt this Period
	Name of Employer Medical City Dallas Hosp	Occupation Pathologist		1
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date V 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
ľ	TOTAL This Period (last page this line number	er only)	·····	

			FOR LINE NUMBER: PAGE 34 / 44
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
k	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Polit	ical Action Committee	
۸.	Full Name (Last, First, Middle Initial) Mayhew Richard Ward, Dr.		Date of Receipt
	Mailing Address Pathology 2000 Neuse Blvd		1 2 / D D / Y Y Y Y 1 5 / 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.31750
	New Bern	NC 28560-3499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Craven Reg Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	750.00]
- 8.	Full Name (Last, First, Middle Initial) C. Richard Watson, Dr.		Date of Receipt
	Mailing Address NuPath PC 525 E Grant St		M M / D D / Y Y Y Y Y 12008
	City	State Zip Code	Transaction ID: SA11AI.31819
	Macomb	IL 61455-3313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer McDonough District Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	500.00]
-	Full Name (Last, First, Middle Initial) A. Jeffrey Welsh, Dr.		Date of Receipt
	Mailing Address Department of Patholo 5 Richland Medical Par	k Drive	M M / D D / Y Y Y Y 12 05 2008
	City	State Zip Code	Transaction ID: SA11AI.31712
	Columbia	SC 29203-6897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Palmetto Hith Richland	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	250.00]
Γ	SUBTOTAL of Receipts This Page (optional)		1000.00
\vdash		P	
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3	Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 44 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c} (\text{check only only only }) \\ \hline X 11a \\ 13 \\ 14 \\ 15 \\ 16 \\ 16 \\ 17 \\ 16 \\ 17 \\ 16 \\ 17 \\ 16 \\ 17 \\ 17$
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) L. Thomas Williams, Dr.		Date of Receipt
Mailing Address Pathology Depart 8303 Dodge Stree		12 20 Y Y Y Y 12 20 2008
City Omaha	State Zip Code NE 68114	Transaction ID: SA11AI.31862
FEC ID number of contributing federal political committee.	NE 68114	Amount of Each Receipt this Period 300.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) John Andrew Wilson, Dr. Mailing Address 450 E Romie Ln		Date of Receipt
City	State Zip Code	12 18 2008 Transaction ID: SA11AI.31833
Salinas	CA 93901-4098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	535.00
Name of Employer Salinas Valley Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	
Full Name (Last, First, Middle Initial) L. Sherry Woodhouse, Dr.		Date of Receipt
Mailing Address 1440 Coral Ridge	Dr #296	M M / D D / Y Y Y Y 12 16 2008
City	State Zip Code	Transaction ID: SA11AI.31768
Coral Springs FEC ID number of contributing federal political committee.	FL 33071	Amount of Each Receipt this Period 500.00
Name of Employer Pathology Consultants of S Broward	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1335.00
TOTAL This Period (last page this line nu	mber only)	

C	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 44
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A o	ny information copied from such Reports and Sir r for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	tical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Truman Edward Wright, Dr.			Date of Receipt
	Mailing Address Pathology Department 915 Gordon Ave			M M / D D / Y Y Y Y 12 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.31998
	Thomasville	GA	31792-6614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Archbold Medical Center	Occupatio Patholog		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
— В.	Full Name (Last, First, Middle Initial) Andrew John Wright, Dr.			Date of Receipt
	Mailing Address 1001 S George St			12 D D / Y Y Y Y 12 24 2008
	City	State	Zip Code	Transaction ID: SA11AI.31914
	York	PA	17403-3676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer York Hosp	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
 с.	Full Name (Last, First, Middle Initial) G. Kent Zimmerman, Dr.	I		Date of Receipt
	Mailing Address 2602 S. Gaucho			M M / D D / Y Y Y Y 12 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.31866
	Mesa	AZ	85202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Clin-Path Associates, P.C.	Occupatio Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	400.00	
	SUBTOTAL of Receipts This Page (optional)			650.00
	FOTAL This Period (last page this line number of			38885.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political comm	e(s) e ge ny person f	FOR LINE NUMBER: PAGE 37 / 44 (check only one) 11a 11a 11b 11c 12 13 14 15 X 16 17 or the purpose of soliciting contributions licit contributions from such committee. 10 10 10
Α.	College of American Pathologists Politi Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27 City	State	Zip Code		Date of Receipt 1 1 2 6 2 0 0 8 Transaction ID: SA16.32062
	Hollidaysburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	Occupatio	16648 0364935	00	Amount of Each Receipt this Period 1000.00 Refund of Contribution/Vo- id
В.	Full Name (Last, First, Middle Initial) HULSHOF FOR CONGRESS Mailing Address Post Office Box 1621 City Columbia FEC ID number of contributing federal political committee. Name of Employer	State MO C C0 Occupatio	Zip Code 65010 0295923		Date of Receipt M M / D / Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.	00	

SUBTOTAL of Receipts This Page (optional)	►	2500.00
TOTAL This Period (last page this line number only)	►	2500.00

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