09/18/2009 15:28

Image# 29992824390

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For Otr	ner I nan An	Autnoriz	ea Comm	ittee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		C MAILING LAI E OR PRINT ₩		xample:If typi ver the lines	ng, type				
L	College of American Patholog	gists Politi	cal Action Comr	nittee						
		1 1 1					1 1 1 1			
AD	DRESS (number and street)	1350	I Street, NW							
_	Check if different than previously reported. (ACC)	Suite	590		1 1 1 1	1 1 1 1	1 1 1 1			
L		Wash	nington				DC	200	005	
2.	FEC IDENTIFICATION NUM	IBER	<b>—</b>	CITY 🛕			STATE	ZI	IPCODE .	A
	C00274944			3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	\ \rangle	Monthly Report Due On:	Feb 20 (Ma)		May 20 (M5)		Aug 20 (M8) Sep 20 (M9)	De	v 20 (M11) on-Election ar Only) c 20 (M12)
	(a) Quarterly Reports:					, 	H		Yea	on-Election ar Only)
	April 15 Quarterly Report(Q	)1)   -		Apr 20 (M	4)	Jul 20 (M7)		Oct 20 (M10)	Jar	n 31 (YE)
	July 15	(c) 12-Day	c) 12-Day <b>PRE</b> -Election			2P)	Gene	ral (12G)	Ru	noff (12R)
	Quarterly Report(Q October 15 Quarterly Report(Q		Report for t		Convention	n (12C)	Speci	al (12G)		
	January 31 Quarterly Report(Y		I	Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	"   `	d) 30-Day  Post -Election Report for t		General (3	80G)	Runot	ff (30R)	Spe	ecial (30S)
	Termination Report (TER)		·	Election on					n the State of	
5.	Covering Period 0.8	3 0	200	9	through	0.8	3 1	2009		
	ertify that I have examined this Foreign or Print Name of Treasurer	•	d to the best of r Renee R. Ellerbr	, ,	e and belief it	is true, correct	and comple	ete.		
' yr	oc of Fill Name of Freasure									
Sig	nature of Treasurer Electron	nically File	ed by Dr. Ren	ee R. Ellerbr	oek		Date 0	9 18	20	0 9
NO	TE : Submission of false, error	neous, or	incomplete infor	mation may s	subject the pe	erson signing th	is Report to	the penalties of	f 2 U.S.C 4	437g.
	Office Use								FORM 3	3X

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/46

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

FEC Form 3X (Rev. 02/2003)

D D " D 08 0 1 2009 0.8 3 1 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 80766.96 January 1 (b) Cash on Hand at 133324.35 Begining of Reporting Period ..... 67328.00 435022.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 200652.35 515788.96 6(a) and 6(c) for Column B) ..... 322375.58 7238.97 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 193413.38 193413.38 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 46

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

D D D

2009

м м 0 8

<sup>D</sup> 31

<sup>Y</sup> 2009

	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)	52207.00	316192.00
	(ii) Unitemized	15121.00	113330.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	67328.00	429522.00
(	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	67328.00	429522.00
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	5500.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(	(from Schedule H3)	0.00	0.00
(	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	67328.00	435022.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	67328.00	435022.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 46

	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)	0.00	0.00
	(i) Federal Share	5.00	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1000.07	9270.90
	Expenditures(c) Total Operating Expenditures	1088.97	8370.80
	(add 21(a)(i), (a)(ii) and (b))	1088.97	8370.80
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	4000.00	287679.78
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
96	Loan Repayments Made	0.00	0.00
.0.	Local Hopaymonto Mado		
	Loans Made Refunds of Contributions To:	0.00	0.00
-	(a) Individuals/Persons Other Than Political Committees	0.00	250.00
		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	250.00
29.	Other Disbursements	2150.00	26075.00
30	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
81.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7238.97	322375.58
32.	Total Federal Disbursements		
<i>ب</i> ∠.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	7238.97	322375.58

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 46

	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)	67328.00	429522.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	67328.00	429272.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1088.97	8370.80
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1088.97	8370.80

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists F	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E James Albro, Dr.  Mailing Address 5252 Intermountair	n Dr	Date of Receipt
City  Murray  FEC ID number of contributing	State Zip Code UT 84107-5700	Transaction ID: SA11AI.34891  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify) ▼  Rederal political committee.  Receipt For:  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) M Kenneth Algino, Dr.  Mailing Address 3610 Colonial Gree	en Cir	Date of Receipt  08 14 2009
City <u>Roanoke</u>	State Zip Code VA 24018	Transaction ID: SA11AI.34806  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carilion Labs  Receipt For:  Primary  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	1
Full Name (Last, First, Middle Initial) W Ashley Allison, Dr.		Date of Receipt
Mailing Address 3918 Montclair Rd		08 06 2009
City Birmingham	State Zip Code AL 35213-2410	Transaction ID: SA11AI.34836  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer Dermatopathology Services PC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.00	
SUBTOTAL of Receipts This Page (optional		1208.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) P. James Almas, Dr.			Date of Receipt
	Mailing Address 171 Winged Foot Circ  City	State	Zip Code	0 8 0 6 2 0 0 9  Transaction ID: SA11Al.35043
	<u>Jackson</u>	MS	39211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St. Dominic-Jackson Memor- ial Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) B. Howard Altman, Dr.	1		Date of Receipt
	Mailing Address 4303 Richmond Rd	08 14 2009		
	City	State	Zip Code	Transaction ID: SA11AI.34774
	Easton	PA	18040-7025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Warren Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Lee Vicki Altmeyer, Dr.			Date of Receipt
	Mailing Address 242 Blackberry Drive			0 8 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.34859
	Stamford	CT	06903-1202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Greenwich Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			1550.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 46 (check only one)  X 11a 11b 11c 12 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any persecutive name and address of any political committee the litical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Bachner  Mailing Address Dept of Path & Lab M MS 119  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer Univ of Kentucky Hosp  Receipt For: Primary General		Date of Receipt    M M
Other (specify) ▼  Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.  Mailing Address 1255 W Washington		Date of Receipt  M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tempe  FEC ID number of contributing federal political committee.	State         Zip Code           AZ         85281-1210	Amount of Each Receipt this Period  208.00
Name of Employer Clin-Path Associates, P.C.  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date  1248.00	
Full Name (Last, First, Middle Initial) L Robert Bernstein, Dr.  Mailing Address Dept of Path 855 N Westhaven Dr	I	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oshkosh  FEC ID number of contributing federal political committee.	State Zip Code WI 54904  C	Transaction ID: SA11AI.34791  Amount of Each Receipt this Period  500.00
Name of Employer Aurora Med Ctr of Oshkosh Inc Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)		1208.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for eac	eparate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 9 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	e name and address of an	ny political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M lan Birkett, Dr.  Mailing Address 1 St Vincent Cir #160  City Little Rock  FEC ID number of contributing federal political committee.  Name of Employer Arkansas Pathology Associ-	State Zip C AR 7220  C Occupation Pathologist		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ates Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	250.00	
Full Name (Last, First, Middle Initial) J. Richard Boatsman, Dr.  Mailing Address Department of Patholo Box 129  City Lawton  FEC ID number of contributing federal political committee.  Name of Employer Comanche County Mem Hosp  Receipt For: Primary General Other (specify)	State Zip C OK 7350  C Occupation Pathologist Aggregate Year-to-D	2	Date of Receipt  M M J D D J 2009  Transaction ID: SA11AI.34827  Amount of Each Receipt this Period  2000.00
Full Name (Last, First, Middle Initial) Miller Alyson Booth, Dr.  Mailing Address 1840 Wealthy St SE  City  Grand Rapids  FEC ID number of contributing federal political committee.	State Zip C MI 4950	Gode 16-2921	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Spectrum Health  Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-to-D	pate ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			2750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 46   (check only one)			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (	Committee				
Full Name (Last, First, Middle Initial) Steven Jody Brahney, Dr.			Date of Receipt			
Mailing Address 1829 Franklin Blvd						
City Portsmouth	State OH	Zip Code 45662-3158	Transaction ID: SA11AI.35040  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer Southern Ohio Medical Cen- ter	Occupation Patholog					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial)  A. Philip Branton, Dr.			Date of Receipt			
Mailing Address Laboratory Services 3300 Gallows Road	08 20 Y Y Y Y Y					
City	Transaction ID: SA11AI.34886					
Falls Church  FEC ID number of contributing federal political committee.	C	22042-3300	Amount of Each Receipt this Period  1500.00			
Name of Employer Inova Fairfax Hosp	Occupation Patholog					
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1500.00				
Full Name (Last, First, Middle Initial) D Linda Burkhardt, Dr.			Date of Receipt			
Mailing Address 151 S 297th PI			0 8 0 6 2 0 0 9			
City Federal Way	State WA	Zip Code 98003-3629	Transaction ID: SA11AI.35015  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	10000	500.00			
Name of Employer Puget Sound Inst of Patho- logy PLLC	Occupation Patholog	ist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]			
			2250.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 46 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any personante name and address of any political committee to colitical Action Committee	n for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) B. Brett Cantrell, Dr.  Mailing Address Dept of Path 1 SHIRCLIFF WAY.  City Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer St Vincent's Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code FL 32204  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 0 9  Transaction ID: SA11AI.35065  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) R Brian Carlson, Dr.  Mailing Address 4733 Andrew Jackso  City Hermitage  FEC ID number of contributing federal political committee.  Name of Employer Pathologists Laboratory, PC  Receipt For: Primary General Other (specify)	on Pkwy Ste G1  State Zip Code TN 37076  C  Occupation Pathologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M O 6
Full Name (Last, First, Middle Initial) Riley Deborah Citron, Dr. Mailing Address Lab/Pathology 1504 Taub Loop  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Ben Taub Gen Hosp  Receipt For: Primary General Other (specify)	State Zip Code TX 77030-1608  C  Occupation Pathologist Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 12/46   (check only one)			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (	Committee				
Full Name (Last, First, Middle Initial) L Gary Cooper, Dr.			Date of Receipt			
Mailing Address 501 20th St Ste G3	, , ,					
City	State	Zip Code	Transaction ID: SA11AI.34885			
Knoxville  FEC ID number of contributing federal political committee.	C	37916-1890	Amount of Each Receipt this Period  1000.00			
Name of Employer Innovative Pathology Serv- ices	Occupation Patholog					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]			
Full Name (Last, First, Middle Initial) Nicholas Patrick Costello, Dr.	<b>I</b>		Date of Receipt			
Mailing Address Dept of Pathology 400 N State of Frank	08 20 Y Y Y Y Y Y					
City Johnson City	State TN	Zip Code 37604	Transaction ID: SA11AI.35121			
FEC ID number of contributing federal political committee.	C	37004	Amount of Each Receipt this Period 500.00			
Name of Employer Johnson City Med Ctr	Occupation Patholog					
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) H Robert Crabtree, Dr.			Date of Receipt			
Mailing Address Dept of Path 18697 Bagley Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Middleburg Heights	State OH	Zip Code	Transaction ID: SA11AI.35041			
FEC ID number of contributing federal political committee.	C	44130	Amount of Each Receipt this Period  300.00			
Name of Employer Southwest Gen Hith Ctr	Occupation Patholog					
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optional	<u> </u>		1800.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 46   (check only one)		
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (	Committee			
Full Name (Last, First, Middle Initial) P. James Craig, Dr.			Date of Receipt		
Mailing Address Pathology Departme					
City Knoxville	State TN	Zip Code 37917	Transaction ID: SA11AI.35059		
FEC ID number of contributing federal political committee.	C	3/91/	Amount of Each Receipt this Period 250.00		
Name of Employer St. Mary's Health System	Occupatio Patholog				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial)  J Michael Crossey, Dr.  Mailing Address Hospital Laboratory			Date of Receipt		
1100 Central Ave SE	08 27 2009				
City Albuquerque	State NM	Zip Code 87106-4930	Transaction ID: SA11AI.35084  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer Tricore Ref Labs	Occupatio Patholog				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr.			Date of Receipt		
Mailing Address Laboratory 6100 Harris Parkway	/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Ft Worth	State TX	Zip Code 76132	Transaction ID: SA11AI.34863  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	70102	500.00		
Name of Employer Harris Methodist Southwest	Occupatio Patholog				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	)		1750.00		

Mailing Address Department of Pathology 6100 Harris Pkwy  City State Zip Code FT Worth TX 76132  FEC ID number of contributing federal political committee.  Name of Employer Harris Methodist Southwest Primary General Other (specify) ▼	ITI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 46 (check only one)  X 11a
A. E. Rosemay Detweller, Dr. Malling Address Department of Pathology 6100 Harris Pkwy  City State Zip Code TX 76132  FEC ID number of contributing fooderal political committee.  B. B. Rosemay Detweller, Dr. Malling Address Department of Pathology 2100 Dorchester Avenue  City State Zip Code Pathologist Receipt For: Primary General Other (specify) ▼  B. B. Rosemay Detweller, Dr. Malling Address Department of Pathology 2100 Dorchester Avenue  City State Zip Code MA 92124  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Vear-to-Date ▼  Primary General Other (specify) ▼  C. Malling Address Department of Pathology 2100 Dorchester Avenue  C Date of Receipt Transaction ID: SA11A1.34899  Amount of Each Receipt this Period Transaction ID: SA11A1.34899  Amount of Each Receipt Inity Period Transaction ID: SA11A1.34899  Amount of Each Receipt Inity Period Transaction ID: SA11A1.34899  Amount of Each Receipt Inity Period Transaction ID: SA11A1.34879  Aggregate Vear-to-Date ▼  Full Name (Last, Frist, Middle Initial)  M. Adam Dubin, Dr. Malling Address Department of Pathology 120 N Oak St State Zip Code III. So0521-3829  Full Name (Last, Frist, Middle Initial)  M. Adam Dubin, Dr. Malling Address Department of Pathology 120 N Oak St State Zip Code III. So0521-3829  Full Name (Last, Frist, Middle Initial)  M. Adam Dubin, Dr. Malling Address Department of Pathology 1312.00  Date of Receipt Tor. Sa11A1.34874  Amount of Each Receipt Inity Period III. So0521-3829  Transaction ID: SA11A1.34874  Amount of Each Receipt Inity Period III. So0521-3829  Transaction ID: SA11A1.34874  Amount of Each Receipt Inity Period III. So0521-3829  Transaction ID: SA11A1.34874  Amount of Each Receipt Inity Period III. So0521-3829  Transaction ID: SA11A1.34874  Amount of Each Receipt Inity Period III. So0521-3829  Transaction ID: SA11A1.34874  Amount of Each Receipt Inity Period III. So0521-3829  Transaction ID: SA11A1.34874  Amount of Each Receipt Inity Period III. So0521-3829  Transaction ID: SA11A1.34874  Amoun	or f	or commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Ft Worth TX 76132  FEC ID number of contributing federal political committee.  Name of Employer Harris Methodist Southwest Pathologist Primary General Other (specify) ▼	Α.	E. Rosemary Detweiler, Dr.  Mailing Address Department of Patholog 6100 Harris Pkwy		Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:		FEC ID number of contributing		76132	Amount of Each Receipt this Period
B. B Kevin Dole, Dr.  Mailing Address Department of Pathology 2100 Dorchester Avenue  City State Zip Code Boston MA 02124  FEC ID number of contributing federal political committee.  Name of Employer Carney Hosp  Other (specify) ▼  C. Mailing Address Department of Pathology 120 N Oak St  City State Zip Code MA 02124  Amount of Each Receipt this Period  Footnote Specify Transaction ID: SA11Al.34809  Amount of Each Receipt this Period  Footnote Specify Transaction ID: SA11Al.34809  Amount of Each Receipt this Period  Footnote Specify Transaction ID: SA11Al.34809  Amount of Each Receipt this Period  Full Name (Last, First, Middle Initial)  M. Adam Dubin, Dr. Mailing Address Department of Pathology 120 N Oak St  City State Zip Code FEC ID number of contributing federal political committee.  C. Name of Employer Hinsdale Hosp  Pathologist  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		Receipt For: Primary General	Patholog	jist e Year-to-Date ▼	
FEC ID number of contributing federal political committee.  Name of Employer Carney Hosp  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) M. Adam Dubin, Dr. Mailing Address Department of Pathology 120 N Oak St  City State Zip Code Hinsdale IL 60521-3829  FEC ID number of contributing federal political committee.  Name of Employer Hinsdale Hosp  Receipt For: Primary General Occupation Pathologist  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.34874  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  312.00	B.	B Kevin Dole, Dr.  Mailing Address  Department of Patholog 2100 Dorchester Avenu  City	e State	•	0 8 1 1 2 0 0 9  Transaction ID: SA11AI.34809
Receipt For:    Primary   General   Aggregate Year-to-Date ▼     Other (specify) ▼   500.00		FEC ID number of contributing federal political committee.	С		
M. Adam Dubin, Dr.  Mailing Address Department of Pathology 120 N Oak St  City State Zip Code Hinsdale IL 60521-3829  FEC ID number of contributing federal political committee.  Name of Employer Hinsdale Hosp  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1312.00		Receipt For:  Primary General	Patholog	jist e Year-to-Date ▼	]
Hinsdale  IL 60521-3829  Amount of Each Receipt this Period  State of Employer Hinsdale Hosp  Receipt For:  Primary  Other (specify)   Amount of Each Receipt this Period  312.00  Amount of Each Receipt this Period  312.00	C.	M. Adam Dubin, Dr.  Mailing Address Department of Patholog	)y		M M / D D / Y Y Y Y
Name of Employer Hinsdale Hosp  Receipt For: Primary Other (specify) ▼  Occupation Pathologist  Aggregate Year-to-Date  312.00		Hinsdale FEC ID number of contributing	IL	•	Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify)   Aggregate Year-to-Date   312.00		·	Occupation		
SUBTOTAL of Receipts This Page (optional)		Primary General		e Year-to-Date ▼	
·	sı	JBTOTAL of Receipts This Page (optional)			1312.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 46 (check only one)    X
or for com	nation copied from such Reports and St imercial purposes, other than using the OF COMMITTEE (In Full) ge of American Pathologists Politi	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
G Paul Mailing	ame (Last, First, Middle Initial) Ellerbeck, Dr.  J Address 250 Mercy Dr RM PO Box 731	Chata	7:o Oodo	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	auo	State IA	Zip Code	Transaction ID: SA11AI.34985
	O number of contributing political committee.	C	52004-0731	Amount of Each Receipt this Period 500.00
Receip	of Employer ogy Associates of For: Orimary General Other (specify)	Occupation Patholog Aggregate		
F. Kevi	ame (Last, First, Middle Initial) n Forsthoefel, Dr. g Address Department of Patholog			Date of Receipt  0 8 0 6 2 0 0 9
City	3535 Olentangy River F	Transaction ID: SA11AI.35023		
Colur	nbus	State OH	Zip Code 43214	Amount of Each Receipt this Period
FEC II	O number of contributing political committee.	C		250.00
Grant <u>Metho</u> Receip	of Employer Med Ctr/Riverside dist Hosp ot For:  Primary	Occupation Patholog Aggregate		
Full Na	ame (Last, First, Middle Initial)			Date of Receipt
	Address 304 Belle Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.34917
	ato  O number of contributing political committee.	C	56001	Amount of Each Receipt this Period 250.00
Name LCM F	of Employer Pathologists PC	Occupation Patholog		
	ot For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTO	AL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports ar	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 46 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Almond Robert Fouty, Dr.  Mailing Address 24217 96th Place S	SW	Date of Receipt
City	State Zip Code	0 8 2 7 2 0 0 9  Transaction ID: SA11Al.34941
Vashon  FEC ID number of contributing federal political committee.	WA 98070	Amount of Each Receipt this Period 500.00
Name of Employer Med Lab Assoc	Occupation Pathologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  A. Robert Frazier, Dr.		Date of Receipt
Mailing Address 801 Boush St		08 20 YYYYY 2009
City Norfolk	State Zip Code VA 23510	Transaction ID: SA11AI.34841  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 25510	2500.00
Name of Employer Dominion Pathology Labora- tories	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) F. Alan Frigy, Dr.		Date of Receipt
Mailing Address Department of Path 1800 East Lakesho		08 14 2009
City	State Zip Code	Transaction ID: SA11AI.35060
Decatur  FEC ID number of contributing federal political committee.	IL 62521-2521	Amount of Each Receipt this Period 500.00
Name of Employer St. Mary's Hosp	Occupation Pathologist	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	3500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 / 46 (check only one)  X 11a 11b 11c 12
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
College of American Pathologists Poli	tical Action (	Committee	
Full Name (Last, First, Middle Initial) H. Keith Fulling, Dr.			Date of Receipt
Mailing Address Department of Lab Me 615 South New Ballas			08 28 2009
City	State	Zip Code	Transaction ID: SA11AI.35048
St Louis	MO	63141-8277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St. Johns Mercy Med Ctr	Occupatio Patholog		
Receipt For:	, i	e Year-to-Date ▼	-
Primary General	riggrogate	1 1 1 1 1 1 1	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Joseph Edward Garcia, Dr.	1		Date of Receipt
Mailing Address 1125 Bartow Rd Ste 101A			08 06 2009
City	State	Zip Code	Transaction ID: SA11AI.34954
Lakeland	FL	33801-5845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Micro Path Laboratories	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) King Polly Gauthier, Dr.			Date of Receipt
Mailing Address Path Dept MC4-265 6720 Bertner St			08 14 2009
City	State	Zip Code	Transaction ID: SA11AI.35055
Houston	TX	77030-2604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer St Lukes Episcopal Hosp	Occupation Patholog		
Receipt For:	<del>, '                                     </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 18 / 46 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and address of	f any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Alexandra Gillespie, Dr.  Mailing Address 3111 Beverly Dr  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer PathAdvantage Assoc  Receipt For: Primary General Other (specify)		p Code 5205-2922 D-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  F. Eric Glassy, Dr.  Mailing Address 19951 Mariner Ave Ste  City  Torrance  FEC ID number of contributing federal political committee.  Name of Employer Little Company of Mary Hosp-Torrance  Receipt For:  Primary General  Other (specify)	State Zi <sub>l</sub>	p Code 0503-1738	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) C Joyce Greathouse  Mailing Address 760 Airport Rd  City  Panama City  FEC ID number of contributing federal political committee.  Name of Employer Bay Pathology Associates  Receipt For:  Primary  General  Other (specify)		p Code 2405-4003 D-Date ▼ 1000.00	Date of Receipt  M M M / 20 / 2009  Transaction ID: SA11AI.34795  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)			2100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 46 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr.  Mailing Address 2301 House Ave. Suite 108			Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cheyenne  FEC ID number of contributing federal political committee.	State WY	Zip Code 82001-3177	Transaction ID: SA11AI.34785  Amount of Each Receipt this Period  1000.00
Name of Employer Anapath Diagnostics, Inc  Receipt For:  Primary  General  Other (specify)	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) A. Jedd Hagen, Dr.  Mailing Address West Central Patho PO Box 841  City	State	Zip Code	Date of Receipt    M   M     D   D     Y   Y   Y   Y   Y   Y   Y
Carroll  FEC ID number of contributing federal political committee.  Name of Employer St. Anthony Hosp  Receipt For:  Primary General Other (specify) ▼	Occupation Patholog Aggregate		Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) E Richard Halbert, Dr.  Mailing Address 1801 16th St # DEP	ART		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greeley FEC ID number of contributing federal political committee.	State CO	Zip Code 80631-5154	Transaction ID: SA11AI.34968  Amount of Each Receipt this Period  500.00
Name of Employer North Colorado Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional	)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to litical Action Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sue Hammond  Mailing Address Lab Admin 700 Chlds Dr  City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Columbus  FEC ID number of contributing federal political committee.	OH 43205-2696	Transaction ID: SA11AI.34964  Amount of Each Receipt this Period  208.00
Name of Employer Nationwide Children's Hosp  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date  208.00	
Full Name (Last, First, Middle Initial) C. John Harrison, Dr.  Mailing Address 2904 Westcorp Blvd	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
City  Huntsville  FEC ID number of contributing	State Zip Code AL 35805-6437	Transaction ID: SA11AI.34989  Amount of Each Receipt this Period  400.00
federal political committee.  Name of Employer Pathology Associates PC  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   400.00	400.00
Full Name (Last, First, Middle Initial) J. Richard Hausner, Dr.  Mailing Address 7941 Katy Freeway #530		Date of Receipt  0 8 2 5 2 0 0 9
City Houston  FEC ID number of contributing federal political committee.	State Zip Code TX 77024	Transaction ID: SA11AI.35154  Amount of Each Receipt this Period  250.00
Name of Employer Unaffiliated  Receipt For: Primary General	Occupation Pathologist  Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po		son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) D Lawrence Henry, Dr.  Mailing Address Dept of Path 200 Portland  City  Columbia  FEC ID number of contributing federal political committee.  Name of Employer Boyce & Bynum Pathology Labs PC  Receipt For:  Primary General Other (specify)	State Zip Code MO 65205  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  N. Gene Herbek, Dr.  Mailing Address The Pathology Cente 8303 Dodge St  City  Omaha  FEC ID number of contributing federal political committee.  Name of Employer Methodist Hospital  Receipt For:  Primary General Other (specify)	State Zip Code NE 68114  C  Occupation Pathologist  Aggregate Year-to-Date  350.00	Date of Receipt  M M M
Full Name (Last, First, Middle Initial) G. Melvin Hoshiko, Dr.  Mailing Address Pathology Departmer 2801 Atlantic Ave  City  Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Long Beach Memorial Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code CA 90801-1428  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 46 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) W Jerry Hussong, Dr. Mailing Address Apt PH 1 8888 W 3rd  City Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer Cedars-Sinai Medical Center Receipt For:  Primary General	State CA C Occupation Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ 3.	Other (specify) ▼  Full Name (Last, First, Middle Initial) G. Megha Joshi, Dr.  Mailing Address 2 Dana Ave  City	State	312.00 Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
	Winchester  FEC ID number of contributing federal political committee.  Name of Employer Lawrence General Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		Amount of Each Receipt this Period  38.00
<u> </u>	Full Name (Last, First, Middle Initial) T. Michael Kafka, Dr.  Mailing Address Department of Patholo 2720 Stone Park Blvd  City Sioux City  FEC ID number of contributing federal political committee.	gy State IA	Zip Code 51104	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer St. Luke's Reg Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
	SUBTOTAL of Receipts This Page (optional)			1350.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 46 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or fo	information copied from such Reports and r commercial purposes, other than using the AME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>D</u>	ull Name (Last, First, Middle Initial) Joseph Khoury, Dr. lailing Address Dept of Path 4230 Burnham Ave			Date of Receipt  0 8 1 4 2 0 0 9
C	ity	State	Zip Code	Transaction ID: SA11Al.35016
L	as Vegas	NV	89119-5408	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		50.00
N	ame of Employer Quest Diag	Occupation Patholog		
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
N	ull Name (Last, First, Middle Initial) I. Sophia Kotliar, Dr.			Date of Receipt
_	lailing Address Dept of Path 3rd FIr N 7th and Clayton Stree	08 06 2009		
	ity Vilmington	State DE	Zip Code 19805	Transaction ID: SA11AI.35046
F	EC ID number of contributing ederal political committee.	C	19003	Amount of Each Receipt this Period  500.00
N S	ame of Employer it. Francis Hosp	Occupation Patholog		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
H	ull Name (Last, First, Middle Initial) longmei Li lailing Address 1380 Soldiers Field R	Rd Ste 100		Date of Receipt  0 8 1 4 2 0 0 9
C	ity	State	Zip Code	Transaction ID: SA11AI.34839
<u>E</u>	Brighton Brighton	MA	02135-1028	Amount of Each Receipt this Period
	EC ID number of contributing sederal political committee.	C		500.00
_	ame of Employer ermPath New England, LLC	Occupation Patholog		
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUE	<b>3TOTAL</b> of Receipts This Page (optional) .			1050.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) F. Karl Loomis, Dr.  Mailing Address 603 N Kalamazoo  City  Marshall  FEC ID number of contributing federal political committee.	State Zip Code MI 49068-9068  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Regional Med Laboratories Inc Receipt For:  Primary General  Other (specify) ▼	Pathologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) S. Judy Lyzak, Dr.  Mailing Address Department of Para 1201 S Main St  City  Crown Point	State Zip Code IN 46307	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer St. Anthony Med Ctr  Receipt For:  Primary General  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	500.00
Full Name (Last, First, Middle Initial)  Maria-Laura Mancianti  Mailing Address 7277 Woodrow Dr	State Zip Code	Date of Receipt    M   M   20   2009   2009
Oakland  FEC ID number of contributing federal political committee.	CA 94611-1434	Transaction ID: SA11AI.34779  Amount of Each Receipt this Period  250.00
Name of Employer Alta Bates Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 46 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  A Michelangelo Milano, Dr.  Mailing Address Dept Of Pathology 800 W Central Rd  City  Arlington Heights  FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmnty Hosp  Receipt For:  Primary General Other (specify)	State IL  C  Occupatio Patholog  Aggregate		Date of Receipt  M M M O 6 2009  Transaction ID: SA11AI.34971  Amount of Each Receipt this Period  500.00
В.	Full Name (Last, First, Middle Initial) T. Rodney Miller, Dr.  Mailing Address Immunohistochemistry 8267 Elmbrook Drive City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Propath Laboratory, Inc.  Receipt For: Primary General Other (specify)	State TX  C Occupatio Patholog		Date of Receipt  M M O B O C O C O C O C O C O C O C O C O C
	Full Name (Last, First, Middle Initial) A Jeffrey Mossler, Dr.  Mailing Address Dept of Path 2650 N Shadeland Ave City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer AmeriPath Indiana  Receipt For: Primary General Other (specify)	State IN C Occupation Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 46 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr.		Date of Receipt
Mailing Address 1000 E 21st St Ste		08 06 2009
City Sioux Falls	State Zip Code SD 57117-5050	Transaction ID: SA11AI.35006  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37117 3030	1000.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Edward Jonathan Musicant, Dr. Mailing Address Path Lab	l	Date of Receipt
1650 Creekside Dr		08 20 2009
City	State Zip Code	Transaction ID: SA11AI.34944
Folsom  FEC ID number of contributing federal political committee.	CA 95630	Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp of Folsom	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James Michael Myhre, Dr.		Date of Receipt
Mailing Address 1151 Miller St		08 06 2009
City	State Zip Code	Transaction ID: SA11AI.34881
Boise	ID 83702-6965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer IDX Pathology, PA	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (optional	)	1750.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 27 / 46 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be the name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists F	olitical Action Commi	ttee	
Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.			Date of Receipt
Mailing Address 5287 Poola Street	0		08 28 2009
City		Code	Transaction ID: SA11AI.34829
Honolulu	HI 96	821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist		
Receipt For:	Aggregate Year-to	-Date <b>V</b>	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) K. Mario Ngan, Dr.			Date of Receipt
Mailing Address Panorama City Lab 13652 Cantara St	oratory		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip	Code	Transaction ID: SA11AI.34901
Panorama City	CA 91	402-5423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.00
Name of Employer Kaiser Permanente Panorama City Med Ct	Occupation Pathologist		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 208.00	
Full Name (Last, First, Middle Initial) Frank Steven O'Sheal, Dr.			Date of Receipt
Mailing Address 1004 1st ST N SUITE 200			08 13 7 9 9
City	·	Code	Transaction ID: SA11AI.34828
ALABASTER	AL 35	007-8796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Cytology & Pathology Serv- ices	Occupation Pathologist		7
Receipt For:	Aggregate Year-to	-Date <b>V</b>	
Primary General Other (specify) ▼		700.00	
SUBTOTAL of Receipts This Page (optional	)		1158.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	ne (crieck offly offe)
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ross Donald Peven, Dr. Mailing Address Dept of Pathology 44405 Woodward A		Date of Receipt  M M M / D D O / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pontiac  FEC ID number of contributing federal political committee.	State         Zip Code           MI         48341-2985	Amount of Each Receipt this Period  250.00
Name of Employer St. Joseph Mercy Oakland  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250	.00
Full Name (Last, First, Middle Initial) N. David Pope, Dr.  Mailing Address 1 St. Vincent Circle PO Box 55148  City  Little Rock  FEC ID number of contributing	State Zip Code AR 72215-5148	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  General  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date  250	00
Full Name (Last, First, Middle Initial) C. James Quigley, Dr.  Mailing Address Department of Path PO Box 2923	ology	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Shawnee Mission FEC ID number of contributing federal political committee.	State Zip Code KS 66201	Amount of Each Receipt this Period  500.00
Name of Employer Shawnee Mission Med Ctr  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date  500	.00
SUBTOTAL of Receipts This Page (optional	l)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial)  M Charles Reese, Dr.  Mailing Address 5440 S St Ste 200		Date of Receipt
City	State Zip Code	0 8 2 7 2 0 0 9  Transaction ID: SA11Al.34997
Lincoln  FEC ID number of contributing federal political committee.	NE 68506	Amount of Each Receipt this Period  500.00
Name of Employer Pathology Med Svcs PC	Occupation Pathologist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) H. Linda Riley, Dr.		Date of Receipt
Mailing Address 1116 138th Ave NW		08 14 2009
City Andover	State Zip Code MN 55304	Transaction ID: SA11AI.35095
FEC ID number of contributing federal political committee.	MN 55304	Amount of Each Receipt this Period  500.00
Name of Employer United Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Randolph David Rizzuto, Dr.		Date of Receipt
Mailing Address 10384 SE 41st Ter		08 06 2009
City Belleview	State Zip Code FL 34420-6848	Transaction ID: SA11AI.34918  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 46 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) L Kenneth Rock, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 55 Lake Ave N			08 14 2009
	City Worcester	State MA	Zip Code 01655-0002	Transaction ID: SA11AI.35089
	FEC ID number of contributing federal political committee.	C	01033-0002	Amount of Each Receipt this Period 250.00
	Name of Employer UMass Memorial Health Care	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) W. Milton Roggenkamp, Dr.  Mailing Address 144 Arrowhead Dr	1		Date of Receipt
				08 06 2009
	City West Lafayette	State IN	Zip Code 47906-2105	Transaction ID: SA11AI.35138  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	47500 2105	300.00
	Name of Employer unaffiliated	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ C.	Full Name (Last, First, Middle Initial) G Denise Ross, Dr.			Date of Receipt
	Mailing Address 1404 Blue Heron Rd			08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.35028
	Virginia Beach FEC ID number of contributing federal political committee.	C	23454	Amount of Each Receipt this Period 500.00
	Name of Employer Sentara Virginia Beach Ho- sp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1050.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 46 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli		
Full Name (Last, First, Middle Initial) S Demaretta Rush, Dr.  Mailing Address Lab Admin - Rm 3275 1600 SW Archer Rd  City Gainesville  FEC ID number of contributing federal political committee.  Name of Employer VA Med Ctr-Gainesville  Receipt For: Primary General Other (specify)		Date of Receipt  M M M O 6 2009  Transaction ID: SA11AI.35097  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) G Wilson Russell, Dr.  Mailing Address Dept of Path 3333 Silas Creek Pkw City Winston Salem  FEC ID number of contributing federal political committee.  Name of Employer Forsyth Med Ctr  Receipt For: Primary General Other (specify)	y State Zip Code NC 27103-7103  C Occupation Pathologist Aggregate Year-to-Date ▼ 600.00	Date of Receipt  M M M O 6
Full Name (Last, First, Middle Initial) Weldon Sanford  Mailing Address PO Box 5528  City Manchester  FEC ID number of contributing federal political committee.  Name of Employer Catholic Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code NH 03108-5528  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M O 6 2009  Transaction ID: SA11AI.34814  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1350.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress 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 Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) K. Sateesh Satchidanand, Dr.			Date of Receipt
	Mailing Address Department of Patholo 2605 Harlem Road	ogy		08 04 2009
	City Cheektowaga	State NY	Zip Code 14225	Transaction ID: SA11AI.35068  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TTELY	300.00
	Name of Employer St. Joseph Hosp	Occupation		
	Receipt For:  Primary  General  Other (specify)	<del>, '                                     </del>	e Year-to-Date ▼ 300.00	
— В.	Full Name (Last, First, Middle Initial) E. Mark Shertzer, Dr.  Mailing Address 18 Harrington Ln	1		Date of Receipt
		0	7: 0 1	08 27 2009
	City Dothan	State AL	Zip Code 36305-9732	Transaction ID: SA11AI.35037  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Southeast Alabama Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) C. William Silberman, Dr.	ı		Date of Receipt
	Mailing Address 30 Orchard Cove Ln			08 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.35139
	Callao FEC ID number of contributing federal political committee.	C	22435	Amount of Each Receipt this Period  500.00
	Name of Employer unaffiliated	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1300.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 46 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any personante name and address of any political committee to colitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  E Karim Sirgi, Dr.  Mailing Address Dept of Path 6116 E Warren Ave  City  Denver  FEC ID number of contributing federal political committee.  Name of Employer UniPath, LLC  Receipt For:  Primary General	State Zip Code CO 80222  C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.35093  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) D Daniel Slagel, Dr.  Mailing Address Mercy Medical Ctr 250 Mercy Dr  City  Dubuque  FEC ID number of contributing federal political committee.  Name of Employer United Clinical Laboratories  Receipt For:  Primary General Other (specify)	State Zip Code IA 52001-7320  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Perry Daniel Snower, Dr. Mailing Address Laboratory 22101 Moross Road City Detroit  FEC ID number of contributing federal political committee.  Name of Employer St. John Hosp and Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code MI 48236  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.35047  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any person g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A Joseph Sonnier, Dr.  Mailing Address 4603 21st St  City Lubbock  FEC ID number of contributing federal political committee.  Name of Employer AmeriPath Lubbock  Receipt For:	State Zip Code TX 79407-2311  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  O 8 2 7 2 0 0 9  Transaction ID: SA11AI.34784  Amount of Each Receipt this Period  1000.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Robert James Spencer, Dr.	1000.00	Date of Receipt
Mailing Address 2001 Webber St.  City Sarasota  FEC ID number of contributing federal political committee.  Name of Employer Sarasota Pathology  Receipt For:	State Zip Code FL 34239-4239  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.35027  Amount of Each Receipt this Period  500.00
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ray Jesse Stafford, Dr.	500.00	Date of Receipt
Mailing Address 8 Memorial Medic Ste 1  City  Greenville  FEC ID number of contributing federal political committee.	State Zip Code SC 29605	Transaction ID: SA11AI.34990 Amount of Each Receipt this Period  250.00
Name of Employer Pathology Associates  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Politi			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) K. Brian Stewart, Dr.  Mailing Address 1348 NE Cushing Drive  City  Bend  FEC ID number of contributing federal political committee.  Name of Employer Central Oregon Path Cnslt PC  Receipt For:  Primary General	State OR C Occupation Patholog	Zip Code 97701-3876	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) T. David Stewart, Dr. Mailing Address 1899 Eider Court  City Tallahassee  FEC ID number of contributing federal political committee.  Name of Employer KWB Pathology Associates	State FL C	Zip Code 32308	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) A. Gerald Stolz, Dr. Mailing Address PO Box 925 City	State	Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Russellville  FEC ID number of contributing federal political committee.  Name of Employer	AR C	72811	Amount of Each Receipt this Period 500.00
Name of Employer Pathology Services Lab, PA Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Patholog		]
SUBTOTAL of Receipts This Page (optional)		)	1500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 46 (check only one)    X   11a
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	tical Action	Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Raman V Sukumar, Dr.			Date of Receipt
	Mailing Address 1253 College Park Dr	01-1-	7'. 0.4.	08 14 2009
	City Dover	State DE	Zip Code 19904-8713	Transaction ID: SA11AI.34840  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	Name of Employer Doctors Path Svcs	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 535.00	
– В.	Full Name (Last, First, Middle Initial)  D. Jason Sutherland, Dr.	1		Date of Receipt
	Mailing Address Laboratory 501 East Hampden			08 06 7 2009
	City Englewood	State CO	Zip Code	Transaction ID: SA11AI.34868
	FEC ID number of contributing federal political committee.	C	80110	Amount of Each Receipt this Period  250.00
	Name of Employer HealthOne Swedish Med Ctr	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) C. Richard Szumel, Dr.	<u> </u>		Date of Receipt
	Mailing Address 106 Bow St			08 06 YYYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.35091
	Elkton  FEC ID number of contributing federal political committee.	C	21921-5544	Amount of Each Receipt this Period 250.00
	Name of Employer Union Hosp- Elkton	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		<b>\</b>	1035.00
卜	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 46 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists Per	d Statements may not be sold or used by any perso the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  E Maureen Trotter, Dr.  Mailing Address 1150 N 18th St Ste  City  Abilene	102 State Zip Code TX 79601-2931	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Clinical Pathology Associates Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date  300.00	300.00
Full Name (Last, First, Middle Initial) Ghayas Uddin Mailing Address Dept of Path 5900 Byron Center A City Wyoming  FEC ID number of contributing federal political committee.  Name of Employer Metro Health Hospital  Receipt For: Primary General Other (specify)	Ave SW  State Zip Code  MI 49519-9606  C  Occupation Pathologist  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) E. Stuart VanMeter, Dr.  Mailing Address Department of Pathor 1924 Alcoa Highway City Knoxville  FEC ID number of contributing federal political committee.  Name of Employer Univ of Tennessee Med Ctr  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (Check only one)
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Michael Waldron, Dr.  Mailing Address Department of Path	ology	Date of Receipt
8267 Elmbrook		08 06 2009
City Dallas	State Zip Code TX 75247-5247	Transaction ID: SA11AI.35010  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	000
Full Name (Last, First, Middle Initial) Anthony Paul Walker, Dr.  Mailing Address Dept of path		Date of Receipt
160 N Midland Ave		08 06 2009
City <u>Nyack</u>	State Zip Code NY 10960	Transaction ID: SA11AI.34972  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	220.00
Name of Employer Nyack Hospital	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 470.	00
Full Name (Last, First, Middle Initial) M. Timothy Wallace, Dr.		Date of Receipt
Mailing Address 21155 Ann Rita Dr		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.34792
Brookfield	WI 53045-4035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Luke's South Shore	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
CURTOTAL of Descripts This Descriptions	)	970.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3x)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 46   (check only one)   X   11a
Any information copied from such Re or for commercial purposes, other that	ports and Statements may an using the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholo	gists Political Action (	Committee	
Full Name (Last, First, Middle Initi E. Scott Wang, Dr.	al)		Date of Receipt
Mailing Address Department 11 Friendship	of Pathology Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newport	State RI	Zip Code 02840-2299	Transaction ID: SA11AI.34967  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Newport Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initi H Arthur Williams, Dr.	al)		Date of Receipt
Mailing Address 1115 N Bund	ly Dr		0 8 1 4 2 0 0 9
City Los Angeles	State CA	Zip Code 90049-1512	Transaction ID: SA11AI.35026
FEC ID number of contributing federal political committee.	C	30049*1312	Amount of Each Receipt this Period 250.00
Name of Employer San Gabriel Valley Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initi James Harold Williams, Dr.	al)		Date of Receipt
Mailing Address 1011 Royal (	Daks Dr		08 06 2009
City Morgantown	State WV	Zip Code 26508-4473	Transaction ID: SA11AI.35125  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000-4473	208.00
Name of Employer West Virginia Univ Hosp Inc	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.00	
SUBTOTAL of Receipts This Page	(antional)		708.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 40 / 46   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) E Felix Williamson, Dr.			Date of Receipt
Mailing Address Dept of Path 620 Skyline Dr			08 06 2009
City Jackson	State TN	Zip Code 38301-3901	Transaction ID: SA11AI.34892  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Jackson-Madison Cnty Gen Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) L. Sherry Woodhouse, Dr.			Date of Receipt
Mailing Address 1440 Coral Ridge E	Or #296		08 14 2009
City	State	Zip Code	Transaction ID: SA11AI.34993
Coral Springs  FEC ID number of contributing federal political committee.	FL C	33071	Amount of Each Receipt this Period 500.00
Name of Employer Pathology Consultants of S Broward	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Ronald Workman, Dr.	<u> </u>		Date of Receipt
Mailing Address Department of Path 2200 River Plaza D	nology Prive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sacramento	State CA	Zip Code 95833	Transaction ID: SA11AI.35072  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Sutter Health	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<b>I</b>		1500.00

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### **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 41 / 46 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt R Moises Zepeda, Dr. Mailing Address Dept of Path 8 0 20 2009 5240 E Beverly Blvd City State Zip Code Transaction ID: SA11AI.34844 Los Angeles CA 90022-2002 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer East Side Path Assoc Med Occupation Pathologist Grp Inc Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	52207.00

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SCHEDULE B (FEC Form 3X)	Use separate sched		FOR LIN			R:			РΑ	GE	42 /	46		
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary I		- ا	21b 27	F	22 28a		23 28b	2	4 3c		25 29	П	26 30b
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NAME OF COMMITTEE (In Full) College of American Pathologists Political A	Action Committee													
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024								sburse	_	21E		161 0 ŏ s	) <sup>Y</sup>	
	State Zip Code	<u>a</u>					nt o		Disbu	rser				<del></del>
	VA 23285					Amou	111.0	Lacii	Disbu	1301	-		-	
Purpose of Disbursement Bank Service Charges Candidate Name		C	Cat	egory/				•			1;	38.61		
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Full Name (Last, First, Middle Initial) Sun Trust Bank								sburse	_	21E		162 0 ŏ s	Y	
Mailing Address P.O. Box 85024						0.0	_		3	L	, _	0 0 8	7	
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Purpose of Disbursement Bank Service Charges			,				_			_	5	33.86	5	
Candidate Name				egory/ ype										
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State: District:	· · · · · · · · · · · · · · · · · · ·													
SUBTOTAL of Disbursements This Page (optional) .				<b>&gt;</b>							79	97.53		

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SCHEDULE B (FEC Form 3X)	/ Use separate schedule(s					IE N	UMBE	R:			P	AGE	43 /	46	
ITEMIZED DISBURSEMENTS		ategory of the Summary Page		X	_	F	22 28a		23 28b	F	24 28c		25 29	$\square$	26 30b
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NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Cor	mmittee													
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024							Date o		sburs				5164 2 0 ŏ s	9 <sup>Y</sup>	
	State VA	Zip Code 23285					Amou	nt o	f Each	ı C	Disburs	emer	nt this I	Period	
Purpose of Disbursement Bank Service Charges Candidate Name	VA	23203	Ca	ate	egory/								49.08	3	
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SUBTOTAL of Disbursements This Page (optional) .												1	81.97	7	

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В.

### **SCHEDULE B (FEC Form 3X)**

Senate

District:

President

FOR LINE NUMBER: PAGE 44/46 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: SB21B.35168 Sun Trust Bank Date of Disbursement 2 4 0 8 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 18.90 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.35169 Sun Trust Bank Date of Disbursement 3 1 0 8 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 82.69 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	101.59
TOTAL This Period (last page this line number only)	<b>•</b>	1081.09

Primary

Other (specify)

State:

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	CHEDULE B (FEC Form 3X)		arate schedule(s)		OR LIN			R:			PA	GĒ	45 / 4	16	
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	y Information copied from such Reports and State for commercial purposes, other than using the nar	•		, ,	•			•			_				
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
/	College of American Pathologists Politica	l Action Co	mmittee												
	Full Name (Last, First, Middle Initial)						Trans	actio	on ID:	: S	B23.3	351	60		
	PRICE FOR CONGRESS						Date	of Dis			nt				
	Mailing Address P.O. Box 425						0 <sup>M</sup> 8	M /	<sup>D</sup> 1	8	/ Y	ž	0 ŏ 9	Y	
	City	State	Zip Code				Amou	int of	Each	Dis	burser	nen	t this F	eric	od .
	Roswell	GA	30077							•		40	00.00		
	Purpose of Disbursement						L.	_				40	00.00	_	
	Candidate Name			Cateo Typ	• •										
	Office Sought: X House Disburs	sement For:	2010												
	Senate	Primary	X General												
	President District: 06	Other (spe	ecity)												
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	4000.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 46 / 46
ITEMIZED DISBURSEMENTS	for each category of the	(check only	_ ′
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c x 29 30b
Annulation and Chaten			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.35158
None PathPAC POLITICAL EDUCATION I	=U		Date of Disbursement
			08 13 7 2009
Mailing Address NONE			08 13 2009
City	State Zip Code		Amount of Each Disbursement this Period
None	IL 60093		
Purpose of Disbursement	Г		1900.00
Transfer Hard \$s to Soft \$s			
Candidate Name		Category/	
		Туре	
9 🗎 –	ement For:		
Senate	Primary General		
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)  None PathPAC POLITICAL EDUCATION I	<b>-</b> 11		Transaction ID: SB29.35159
None PainPAC POLITICAL EDUCATION I	-0		Date of Disbursement
Mailing Address NONE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{smallmatrix} 9^{Y} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
None	IL 60093		
Purpose of Disbursement	Г		250.00
Transfer Hard \$s to Soft \$s			
Candidate Name		Category/ Type	
Office Sought: House Disburse	ement For:	. ,,,,	
Senate	Primary General		
President	Other (specify)		

CURTOTAL of Dishuragments This Rose (entional)		2150.00
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	•	2150.00

State:

District: